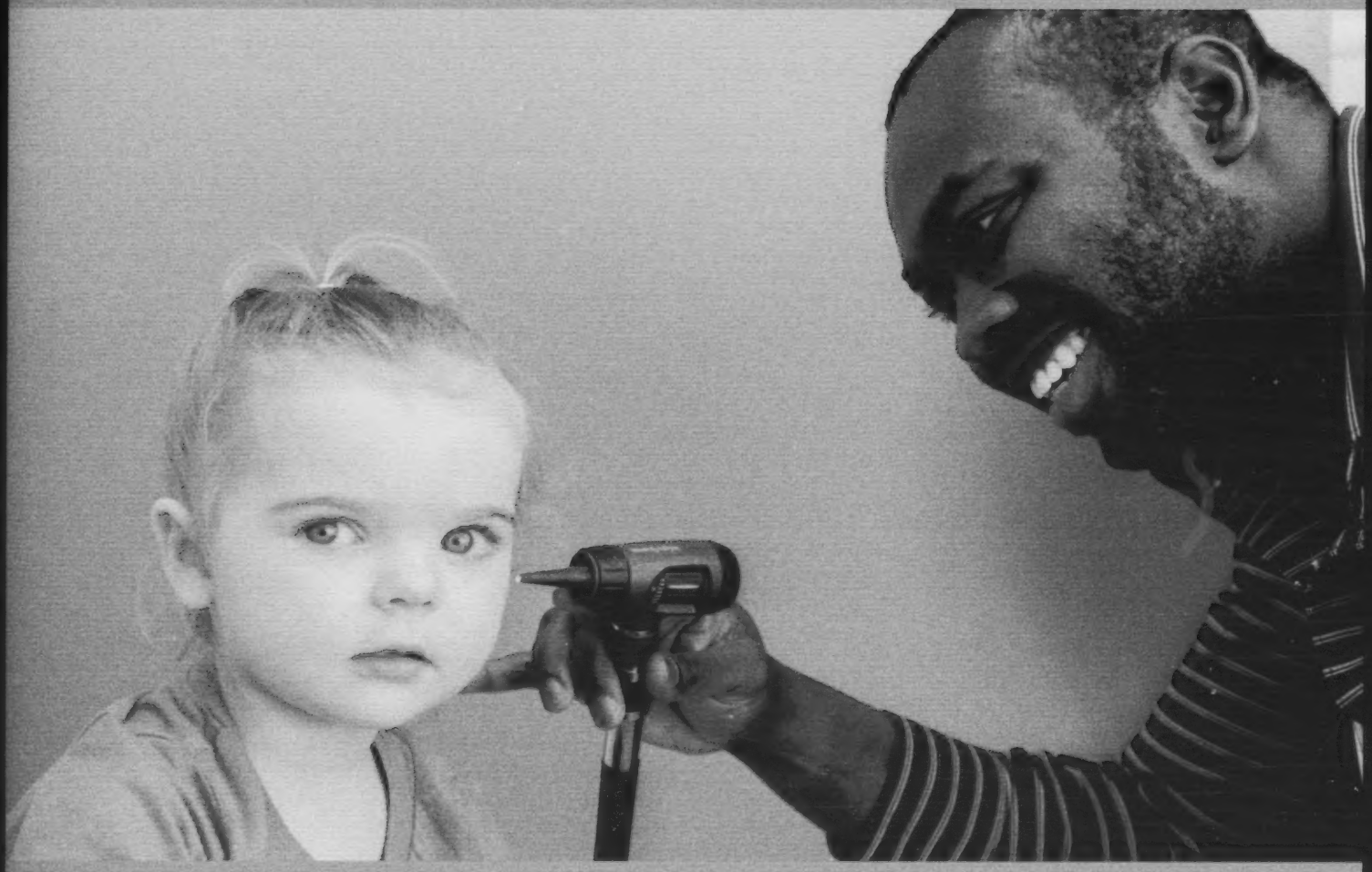
Mississauga Halton **LHIN**



THROUGH OUR LOCAL LENS

Mississauga Halton Local Health Integration Network
Annual Report 2016-2017

Ontario
Local Health Integration Network

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Cover: Dr. Bonna (Credit Valley Family Health Team) makes sure all is well with his young patient Amelia.
Above: Catherine (left), the coordinator for Nora's House (Alzheimer Society Peel), welcomes Yoshi (right) to Nora's House, a safe and secure home-like environment for respite care.

MISSION

To lead health system integration for our communities.

VISION

A seamless health system for our communities - promoting optimal health and delivering high quality care when and where needed.

VALUES

Innovation: We explore and support imaginative initiatives and solutions.

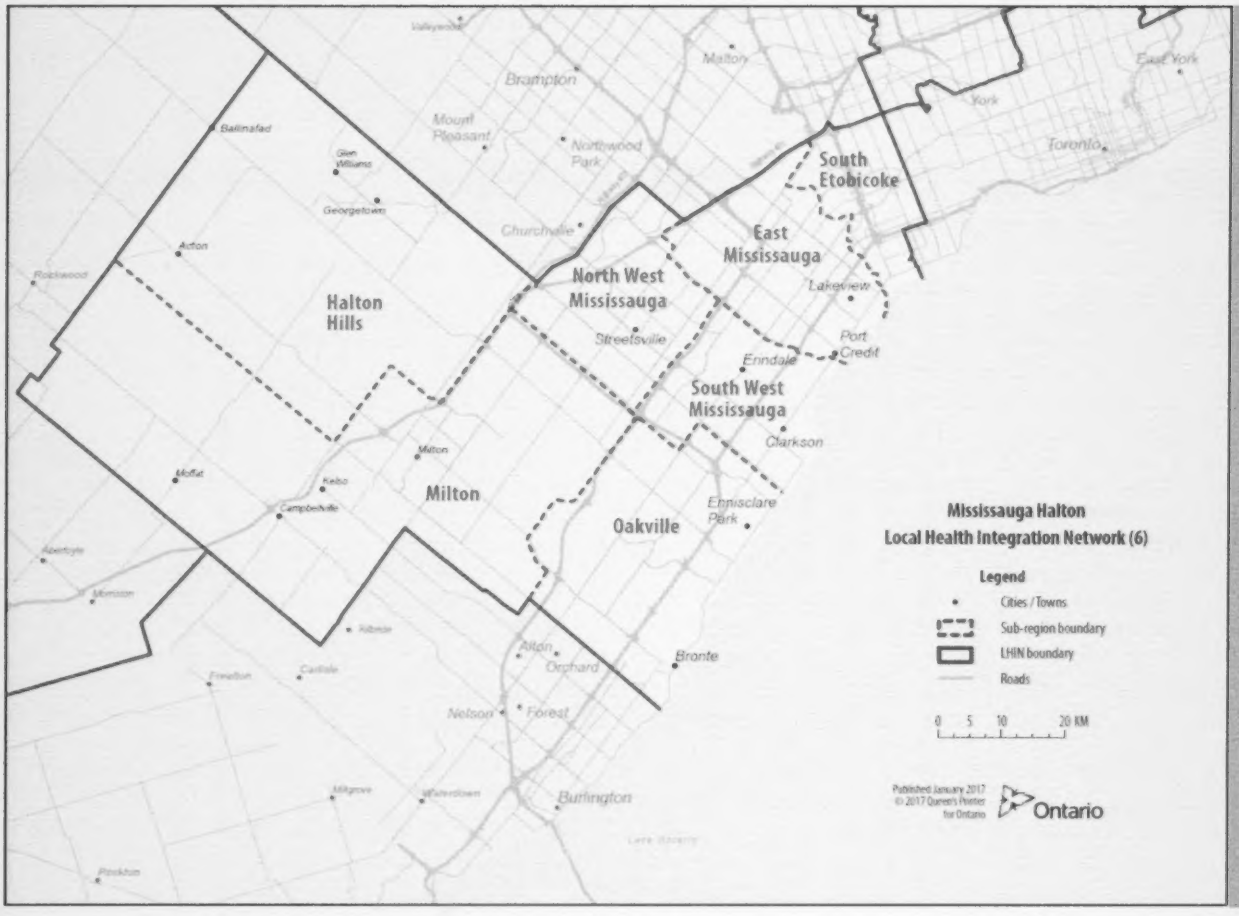
Integrity: Our actions and words reflect honesty, integrity and good judgment.

Accountability: We will routinely evaluate our judgments and decisions.

Partnership: We will work in partnership with our community, health service providers and the provincial government.

Respect: We will actively listen and work together with dignity and consideration.

Holistic Approach: Our work will reflect and recognize the connection between the body, mind and spirit.



Mississauga Halton LHIN is divided into sub-regions including Halton Hills, Milton, Oakville, North West Mississauga, South West Mississauga, East Mississauga and South Etobicoke. These sub-regions also represent the Mississauga Halton LHIN Health Links and have been in place for several years for planning purposes.

Message from the Board Chair and CEO

We are amid a momentous time for health care in Ontario as we move towards a better connected system that creates more seamless care for patients.

The year can be characterized by intensive planning in preparation to implement the Patients First Act, 2016. Once changes are fully realized, they will make local health care more responsive to local needs. They will also reduce administration in the system, enabling savings to be invested in patient care, supporting a seamless health system for our communities.

Primary care is a critical partner and link to building a responsive health care system. Our partnerships to reduce barriers and strengthen care coordination have been ongoing, and will continue to grow stronger as we improve access to primary care for patients. As our connections grow wider, we will work to improve how the rest of the system responds to the needs of primary care.

Through our seven sub-regions, we continue to plan care that is more localized. Optimizing home and community care coordination over the past year has enabled more coordinated consistent care. We will continue with these effort to localize care, looking at the unique characteristics of our sub-regions and neighbourhoods to plan care that meets patient needs. This will facilitate connections among a more manageable number of health service provider organizations, primary care physicians and nurse practitioners.

Our Board and the local governors from our health service providers also bring a local perspective as representatives, inhabitants and health care champions of the communities they serve. Through generative and strategic thinking, their ability to be flexible and think about local priorities in addition to broader provincial priorities adds tremendous value to the system.

As we planned for our increased mandate, Mississauga Halton Local Health Integration Network's (LHIN) Board provided guidance and oversight of the overall strategic direction and performance of the LHIN while completing its due diligence to attest to readiness. Mississauga Halton Community Care Access Centre's (CCAC) Board of Directors were important partners throughout the process, transferring and thus preserving local knowledge. Staff from both organizations have been working tirelessly to prepare for transition and protect continuity of patient care and experience.

Throughout this planning, the Mississauga Halton LHIN, together with our partners, continued to develop innovative, collaborative solutions to strengthen health services for our residents so that:

- ✓ They have health care when and where they need it
- ✓ Required resources are available now and in the future
- ✓ Their experiences and outcomes are positive across the care continuum

Through the stewardship of approximately $1.53 billion of public funds allocated to our health service providers, the Mississauga Halton LHIN has laid foundations for the future, finding better ways to provide services to the 1.2 million people in our communities.

In 2016-2017, funding increased an average of 5 per cent or $72.8 million across all sectors in our local communities including: hospitals by 5.7 per cent, long-term care homes by 1.6 per cent, mental health and addiction by 4.7 per cent, CCAC by 6.7 per cent and community support services including supportive housing, acquired brain injury and community health centre by 2.2 per cent.

Over the last year, we have made tangible progress. We launched our new strategy: Partnering for a Healthy Community, our 2016-2019 Integrated Health Service Plan (IHSP) which focuses on three key priorities: access, capacity and quality.

In line with our IHSP, Patients First: Action Plan for Health Care and government policies, we are building capacity in the system to support a growing and ageing population while implementing changes to improve how care is delivered:

- ✓ Through the Mississauga Halton LHIN Palliative Care Network, we established local clinical and administrative leadership to strengthen hospice palliative care and make sure patients have

fundamental end of life care, resulting in a tremendous depth of knowledge that will benefit clinical care

- ✓ We continued to build links between the LHIN, primary care and other health care providers fostering key relationships that are benefiting patients
- ✓ Through long-term care redevelopment, we have formed a vision for our LHIN that outlines how long-term care homes can take a different role in seniors' care and from a broader context, how the system can be redesigned to better meet the needs of seniors

Recognizing the value of LHIN-wide programs that reduce wait times by creating centralized points of intake, and through standardized processes and procedures that are improving health equity, we moved ahead with the implementation of one-Link to support the delivery of coordinated, timely and quality mental health and addiction services. Likewise, in leadership with community partners, we planned for a new Meals in Home program supporting the most vulnerable clients in the community. Through one lead agency and a central intake, those individuals who have low income and who are unable to leave their homes due to health issues will have regular access to safe and healthy food.

Through the No Wrong Door philosophy of care, providers are embracing a shared commitment to work collaboratively to help people access the right service at the right time, adopt common values and objectives and provide exceptional customer service. This client centred approach being tested in our LHIN is creating a culture shift, which once fully realized from a mental health and addiction perspective, can be scaled across other areas of regional care.

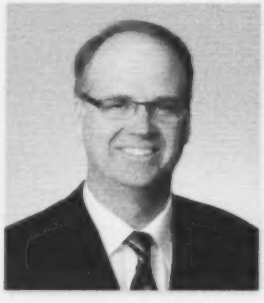
This year we were also honoured and recognized with two prestigious awards: the 3M Health Quality Team Award and the Minister's Medal for our Caregiver Respite Program – providing services and supports that enable caregivers to care for their loved ones and also take care of themselves.

In September 2016, we held our second Partnering for a Healthy Community Awards which recognized and showcased transformative, collaborative initiatives underway amongst health service providers across our LHIN.

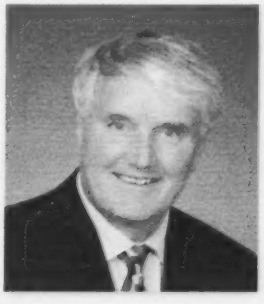
As we look forward, on May 31, 2017 the Mississauga Halton CCAC staff and services will be completely transitioned into the Mississauga Halton LHIN. This means our LHIN will be better equipped to identify and respond to community needs and work with local health system leaders, including family doctors, nurse practitioners, home care coordinators and home and community care service providers to build more seamless local health service delivery, and to continue to:

- ✓ Improve access to family doctors and nurse practitioners and support the province's commitment that all Ontarians who want a primary care provider will have one
- ✓ Promote health equity, development and implementation of health promotion strategies across our region
- ✓ Ensure patients and families have a voice in local planning through established Patient and Family Advisory Committees
- ✓ Continue engaging and working with our French language health leaders, First Nations, Métis, Inuit and urban Indigenous partners, health providers, patients, families and caregivers

Through our local lens, we are improving connectedness. Our unwavering focus will result in a health system that allows for more seamless transitions for patients, breaking down silos of care, putting people and patients first and building stronger communities for Mississauga Halton LHIN residents.



Neil Skelding
Board Chair



Bill MacLeod
Chief Executive Officer

Board of Directors

The Mississauga Halton LHIN is governed by a nine-member Board of Directors who are selected by the Lieutenant Governor in Council and appointed through Order in Council. The Board is skills-based, with a variety of experiences and expertise.

Neil Skelding

Role: Chair
Resident of Oakville
Date of first appointment: March 15, 2017
End of current term of appointment: March 14, 2020

Mary Davies

Role: Vice Chair
Resident of Milton
Date of first appointment: April 30, 2014
End of current term of appointment: April 29, 2020

Kimbalin Kelly

Role: Board Member
Resident of Oakville
Date of first appointment: November 19, 2014
End of current term of appointment: November 18, 2017

Louis Girard

Role: Board Member
Resident of Mississauga
Date of first appointment: June 17, 2016
End of current term of appointment: June 16, 2019

Gulzar Ladhani

Role: Board Member
Resident of Oakville
Date of first appointment: November 19, 2014
End of current term of appointment: November 18, 2017

Patrick Hop Hing

Role: Board Member
Resident of Mississauga
Date of first appointment: February 12, 2014
End of current term of appointment: February 11, 2019

Rhonda Lawson

Role: Board Member
Resident of Oakville
Date of first appointment: March 22, 2017
End of current term of appointment: March 21, 2020

Rick Johnson

Role: Board Member
Resident of Georgetown
Date of first appointment: June 17, 2016
End of current term of appointment: June 16, 2019

Kim Piller

Role: Board Member
Resident of Mississauga
Date of first appointment: June 9, 2011
End of current term of appointment: June 8, 2017

Biographies available at www.mississaugahaltonlhin.on.ca/boardandgovernance

Welcome to the Mississauga Halton LHIN

The Mississauga Halton LHIN guides ongoing and future initiatives in the development and implementation of a seamless health system for our communities.

As one of Ontario's 14 LHINs, we manage the planning and performance of the health care system, and bring greater accountability and leadership as it changes and evolves.

LHINs are the only organizations in Ontario that bring together health care partners from the following sectors — hospitals, community care, community support services, community mental health and addiction, community health centres, long-term care and primary care — to develop innovative, collaborative solutions leading to more timely access to high-quality services for the residents of Ontario, and through the Mississauga Halton LHIN for our local communities.

Through the combined effort of health service providers and agencies, we continued to innovate and support hundreds of change initiatives to improve how we deliver care, helping find better ways to provide services in our communities.

Provincial Health Priorities

Patients First: Action Plan for Health Care is the provincial government's blueprint for the next phase of health care system transformation. Released by the Minister of Health and Long-Term Care in February 2015, the document highlights one clear promise: to put people and patients first by improving their health care experience and their health outcomes.

Four key objectives are noted in Patients First: Action Plan for Health Care:

Access – provide faster access to the right care

Connect – deliver better coordinated and integrated care in the community closer to home

Inform – provide the education, information and transparency that people and patients need to make the right decisions about their health

Protect – make decisions based on value and quality, to sustain the system for generations to come

Local Health Care Services

Mississauga Halton LHIN's funded health service providers include:

- Two hospital corporations, spanning six sites
- 33 community support service providers
- 28 long-term care homes
- 10 mental health and addiction service providers
- 1 Community Health Centre
- 1 Community Care Access Centre

Note that some health service providers deliver care and services in multiple sectors.

Sub-regions in the Mississauga Halton LHIN

The Mississauga Halton LHIN covers approximately 900 square kilometres and is divided into sub-regions including Halton Hills, Milton, Oakville, North West Mississauga, South West Mississauga, East Mississauga and South Etobicoke. These sub-regions also represent the Mississauga Halton LHIN Health Links and have been in place for several years for planning purposes.

A sub-region is a smaller geographic planning region within the Mississauga Halton LHIN. Sub-regions are now being formalized as part of the Patients First Act, 2016. This approach will not restrict Ontarians as they make their health care decisions.

Our Community

The municipalities of Halton Hills, Milton, Oakville, Mississauga (excluding Malton) and South Etobicoke (part of the City of Toronto) make up the Mississauga Halton LHIN geography. The Mississauga Halton LHIN is home to over 1.2 million residents, and continues to be one of the fastest-growing LHINs in the province, with the population growing by approximately 20,000 people each year.[1] The Mississauga Halton LHIN is projected to have one of the highest rates of population growth in Ontario over the next five to ten years. The population is projected to increase by 9.2 per cent between 2015 and 2020, with 18.6 per cent growth between 2015 and 2025. In contrast, the projected rates of growth for Ontario are 6 per cent for 2015 to 2020 and 12 per cent for 2015 to 2025.[2] Over 97 per cent of the population is either within a large urban or medium population centre.[3] Aging of the population will continue to be a major theme in the Mississauga Halton LHIN in the coming years.

The Mississauga Halton LHIN has a wealth of culture due to its dynamic, diverse population demographic. Immigrants account for 44.3 per cent of residents. Nearly 41 per cent of residents are visible minorities, compared to 25.9 per cent for Ontario. The top five visible minorities are South Asian, Chinese, Black, Filipino and Arab. Not including English, the top five languages spoken at home are Urdu, Polish, Arabic, Spanish and Chinese. Approximately 59 per cent of the residents in the Mississauga Halton LHIN identify English as their mother tongue, while 1.8 per cent of the population identify French as their mother tongue; 0.6 per cent of residents self-identify as Aboriginal.[4]

The proportion of residents in the Mississauga Halton LHIN living in low income is better compared to the provincial average, as is the unemployment rate for both adults and youth. However, within the Mississauga Halton LHIN, there are areas that are more economically disadvantaged. For example, East Mississauga and South Etobicoke both have a larger portion of the population living below the low-income cut-off than Ontario overall.

Our Health

From a health status perspective, the residents of Mississauga Halton LHIN are doing well. 62 per cent report very good or excellent health. Compared to others across the province, Mississauga Halton LHIN residents are comparable or better in the areas of life expectancy, infant mortality, self-rated health and self-reported mental health.[5]

Mississauga Halton LHIN residents had the lowest emergency department (ED) visit rate in the province in 2015.[6] Mississauga Halton LHIN residents had 29.6 ED visits per 100 population, compared to the provincial rate of 43.2.

Although our ED visit rate is low, the number of ED visits at our hospitals has been growing steadily over the past several years (as rounded to the nearest 1,000):

- 2011-2012 = 364,000
- 2012-2013 = 373,000
- 2013-2014 = 382,000
- 2014-2015 = 392,000
- 2015-2016 = 406,000

The leading causes of death for Mississauga Halton LHIN residents were ischemic heart disease, dementia and Alzheimer's disease, lung cancer and cerebrovascular diseases (stroke). The leading causes of potential years of life lost for Ontario residents in 2011 were ischemic heart disease, cancer of lung and bronchus, perinatal conditions and intentional self-harm.

The Mississauga Halton LHIN potential years of life lost rate is second lowest in the province and has decreased by 9 per cent since 2007.[7]

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[1] 2011 Census-based Ministry of Finance Population Estimates (2011–2013) and Projections (2014–2041) for Local Health Integration Networks.

[2] Demographic profile (2015) final, Health Analytics Branch (July 2015).

[3] Socio-Demographic Profile, by LHIN and sub-LHIN areas, Health Analytics Branch, August 2012.

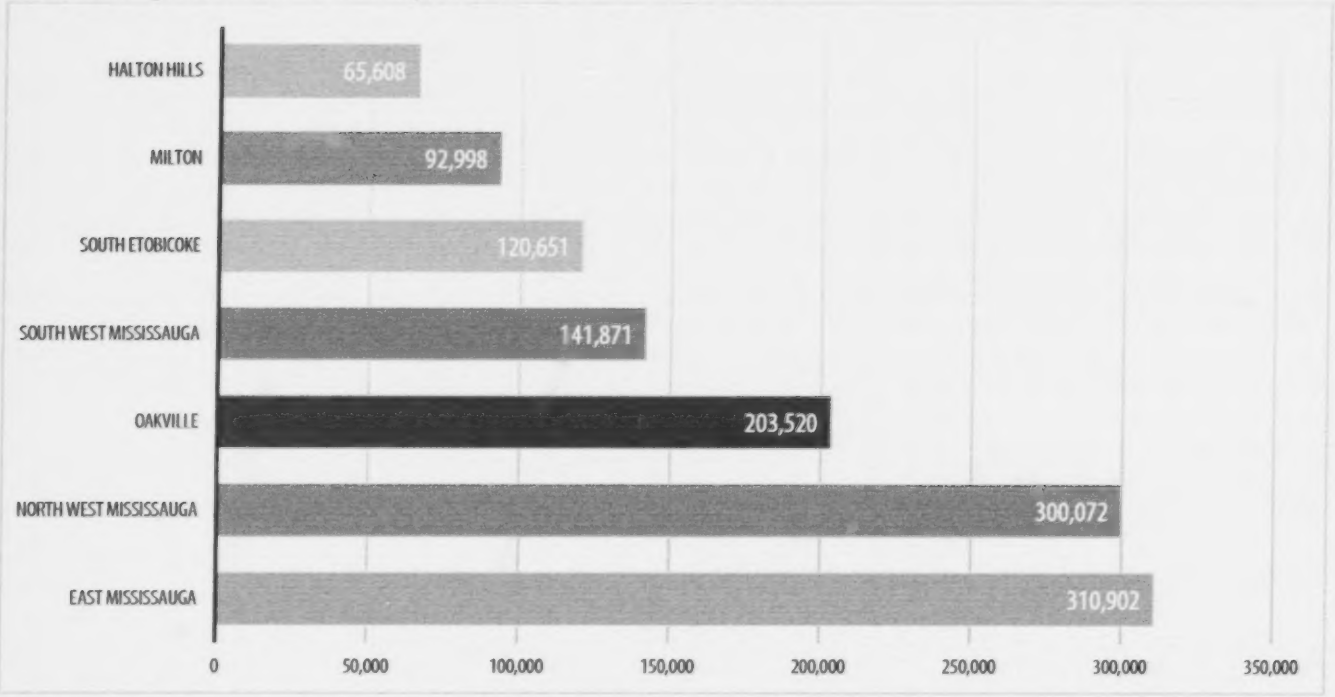
[4] 2016–2019 Environmental Scan, Health Analytics Branch (July 2015).

[5] Statistics Canada. 2013. Mississauga Halton (Health Region), Ontario and Ontario (table). Health Profile. Statistics Canada Catalogue no. 82-228-XWE. Ottawa. Released December 12, 2013.

[6] ED Visits (2015) final, Health Analytics Branch (July 2015).

[7] Births and mortality (2015) final, Health Analytics Branch (July 2015).

Mississauga Halton LHIN Population (2015 Estimate)



Source: LHIN Sub-Region Population Social and Economic Profile, Health Analytics Branch (February 2017)

Funding and Operations

Mississauga Halton LHIN's total revenue of $1.537 billion received from the Ministry of Health and Long-Term Care includes funding for Mississauga Halton LHIN operations and project initiatives, and funding for health service providers.

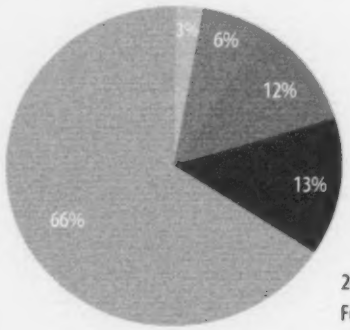
In 2016-2017, the Mississauga Halton LHIN allocated $1.531 billion to health service providers to help advance the Ministry of Health and Long-Term Care's priorities and the three key areas of focus as identified in Mississauga Halton LHIN's 2016-2019 HSP. While the LHINs do not directly provide health care services, we work in partnership with our health service providers in the provision of care to improve access, capacity and quality and to ensure sustainability of the region's health services.

Mississauga Halton LHIN provides leadership and accountability for our local health system as funders and performance managers of 72 Service Accountability Agreements across a range of health services. These agreements define the services to be provided and the outcomes to be achieved.

Mississauga Halton LHIN's operating allocation was $6.39 million, consisting of $4.08 million for LHIN operations and $2.31 million for other project initiatives including Enabling Technologies for Integration (previously known as eHealth), Regional Coordination Diabetes Services, French Language Services and other initiatives. The LHIN's operating allocation represents 0.42 per cent of our total funding from the Ministry of Health and Long-Term Care to support the important roles of health system oversight, performance management, funding, planning and improving our local health system as per the LHIN's mandate under the Local Health System Integration Act (LHSIA).

The organizational structure is based on the core functions of the LHIN and maximizes the skills, knowledge and expertise of staff who are actively engaged in advancing Mississauga Halton LHIN's priorities, committed to building quality health care capacity, sharing knowledge through participation in local, and provincial activities, promoting sustainability and maximizing the allocation of resources in collaboration with health service providers in the region.

2016-2017 Funding Distribution



- Mental Health and Addiction
- Acquired Brain Injury, Community Support Services, Assisted Living & Support Housing, Community Health Centres
- Community Care Access Centre
- Long Term-Care
- Hospitals

2016-2017 Total Funding: $1.531 Billion

Engaging Our Community

Community engagement is an integral part of the LHIN model and central to support LHIN decision making. Meaningful engagement enables health system development in the Mississauga Halton LHIN to be informed by the experiences and stories of those who provide and receive care in our communities.

The Patients First: Action Plan for Health Care (2015) emphasizes a transparent health care system that is accountable to patients and their families. The commitment from the ministry is to collectively build a health care system that puts patients first and requires their participation.

Patient, family and caregiver engagement supports LHINs and community partners through advice on health priorities that have an impact on patient care and patient experience. Having people with lived experience at the table, in the development and implementation process will ensure that their needs and concerns are fully understood, and will help the health system become more responsive, transparent and accountable.

The Mississauga Halton LHIN is a strong supporter of patient, family and caregiver engagement. Active collaboration to understand patient and caregiver needs assures that program development and care delivery are appropriate with the needs of patients at the centre.

Over the 2016-2017 year, the Mississauga Halton LHIN has worked to bring more rigor to its patient engagement process by aligning its internal process to the provincial framework and working closely with Health Quality Ontario (HQO). In parallel, each Mississauga Halton LHIN committee, working group or task-force has been instructed to recruit a patient advisor or a caregiver. This is reflected in all committee terms of reference and membership requirements. In cases where there is no formal committee or group, Mississauga Halton LHIN staff use IAP2 principles in order to decide how best to engage patients, families and caregivers based on the goals of the group, project or initiative.

Through the use of the Health Equity Impact Assessment (HEIA) tool, the Mississauga Halton LHIN also looks for participants that represent the diversity of our LHIN, so that health equity needs and challenges are addressed.

Over the 2016-2017 year, patients, families and caregivers have been engaged through: community fairs, comment boxes, co-design/co-creation sessions, displays and exhibits, focus groups, key stakeholder interviews, printed information, public meetings/ conversation, surveys, websites, workshops, comment boxes and world cafes.

The Mississauga Halton LHIN stays connected to and occasionally participates on community-led patient and family advisory committees for knowledge sharing and other opportunities.

Indigenous Engagement

The annual Provincial Aboriginal Leads meeting with LHIN Chief Executive Officers (CEOs), Aboriginal (Indigenous) LHIN Leads and Aboriginal (Indigenous) community delegates was held in Grand Bend in the spring of 2016. The Peel Aboriginal Network Indigenous Friendship Centre was the Mississauga Halton LHIN sponsored community delegate at the event.

This year's theme – working differently to achieve new results – explored the development of Indigenous health specific areas of focus, increasing Indigenous cultural awareness, and offering a forum for knowledge exchange and building stronger partnerships across the province.

On November 19, 2016, the Mississauga Halton LHIN sponsored and participated in the Métis Nation of Ontario Credit River Métis Council Louis Riel Day Celebration Event.

The Mississauga Halton LHIN has offered Indigenous Cultural Safety (ICS) core online training to health service providers since December 2016. The response from health service providers has been positive, with all of the 198 available spots filled. This certificate course is designed for non-Indigenous health professionals working within Ontario's health services sector, including LHINs, who are providing services to Indigenous communities. The ICS course is providing opportunities for health professionals to examine the ways in which their own culture, education and history have shaped their health practices, especially with regards to stereotypes that impact Indigenous experiences with the health system. As interest remains strong, the Mississauga Halton LHIN is looking to continue offering the training with another 127 ICS training seats available in the 2017-2018 fiscal year.

Francophone Engagement

To explore joint opportunities with community partners to improve healthy living and optimal health, the Mississauga Halton LHIN established a French Language Services (FLS) Community of Practice. Identified FLS health service providers and other FLS champions such as the Reach Out Centre for Kids, Canadian Mental Health Association Halton, the Credit Valley Francophone Family Health Team and the East Mississauga Community Health Centre work collaboratively in this supportive network along with Francophone leaders and our French Language Health Planning Entity, Reflet Salvéo, towards improving accessibility to culturally and linguistically appropriate health care services for Francophones in our region. The key mandate of this community of practice is to support the work of the Mississauga Halton LHIN to raise awareness of FLS and to engage in meaningful conversations with our members to create pathways to build FLS capacity.

One key element of the Joint Annual Action Plan between our partners Reflet Salvéo, Central West and Toronto Central LHINs, was the feasibility study for a cognitive health model for Francophone seniors in the GTA. In partnership with four other GTA LHINs, Glendon-Sunnybrook's Centre de Mémoire and Centre d'Accueil Héritage, this study is investigating potential models for mobile memory clinics with tools to assess Francophone seniors, and track their cognitive health in order to keep them healthy and assist them in continuing to live at home for as long as possible. The initiative aligns with our LHIN's strategic priorities to develop creative strategies to support seniors to live healthy lives.

Governance-to-Governance Engagement

The Mississauga Halton LHIN Board meets on a quarterly basis with the governors and executive leaders of our health service providers for a governance to governance (G2G) session. These are opportunities to engage and foster connection between the LHIN and its health service providers as well as between providers. The LHIN has also established a Community Governance Consultation Group (CGCG) consisting of 13 Board Chairs and Board members from our community health service providers and two Mississauga Halton LHIN Board members. The Mississauga Halton LHIN CGCG provides advice in the area of collaborative governance for the purpose of advancing the improvement of health system integration and health service coordination across the LHIN.

The Mississauga Halton LHIN hosted three G2G sessions over the last year. The first in the series focused on engaging and educating prospective and recent board appointees of Mississauga Halton LHIN health service providers. On June 27, 2016 a "Get LHIN Fit – Board Boot Camp" was held where topics discussed included the Patients First Act, 2016, information on the LHIN itself including the IHSP, the accountability of health service providers and integration, and an invitation to join the CGCG.

"I am an experienced CFO and I attended with two brand new directors. I think the event was extremely well done to orient new board members. Well done."

On September 19, 2016, Mississauga Halton LHIN then Chair Graeme Goebelle opened the G2G session focused on Governing in Today's Health Care Environment. The session was facilitated by John Dinner, Board Governance Services, who walked participants through a case study highlighting the Board's oversight role and concluded the session with a debrief where group responses/conclusions were shared.

"A great refresher of governance best practice."

"Equally of value of the presentation was the opportunity to meet other leaders and to expand the network of collaboration [focused on the interaction amongst board members]."

The most recent G2G meeting took place on February 7, 2017. The "Look Back: Look Forward" engagement provided an opportunity to highlight accomplishments over the past year, including celebrating those honoured with a 2016 Mississauga Halton LHIN Partnering for a Healthy Community Award and the 2016 Minister's Medal. Bill MacLeod provided an overview of the Patients First Act, 2016 and held an interactive question and answer. The executive director and board member dyad from three local organizations (Hope Place, MH CCAC and Schlegel Villages) who have gone through the process of preparing their board approved Quality Improvement Plans (QIP) shared their perspectives and insights and provided guidance to help Boards fulfil this important task. Further to that, attendees participated in a networking and collaborative exercise to identify the top G2G education session topics they would like to see incorporated in 2017.

Key Strategic Priorities

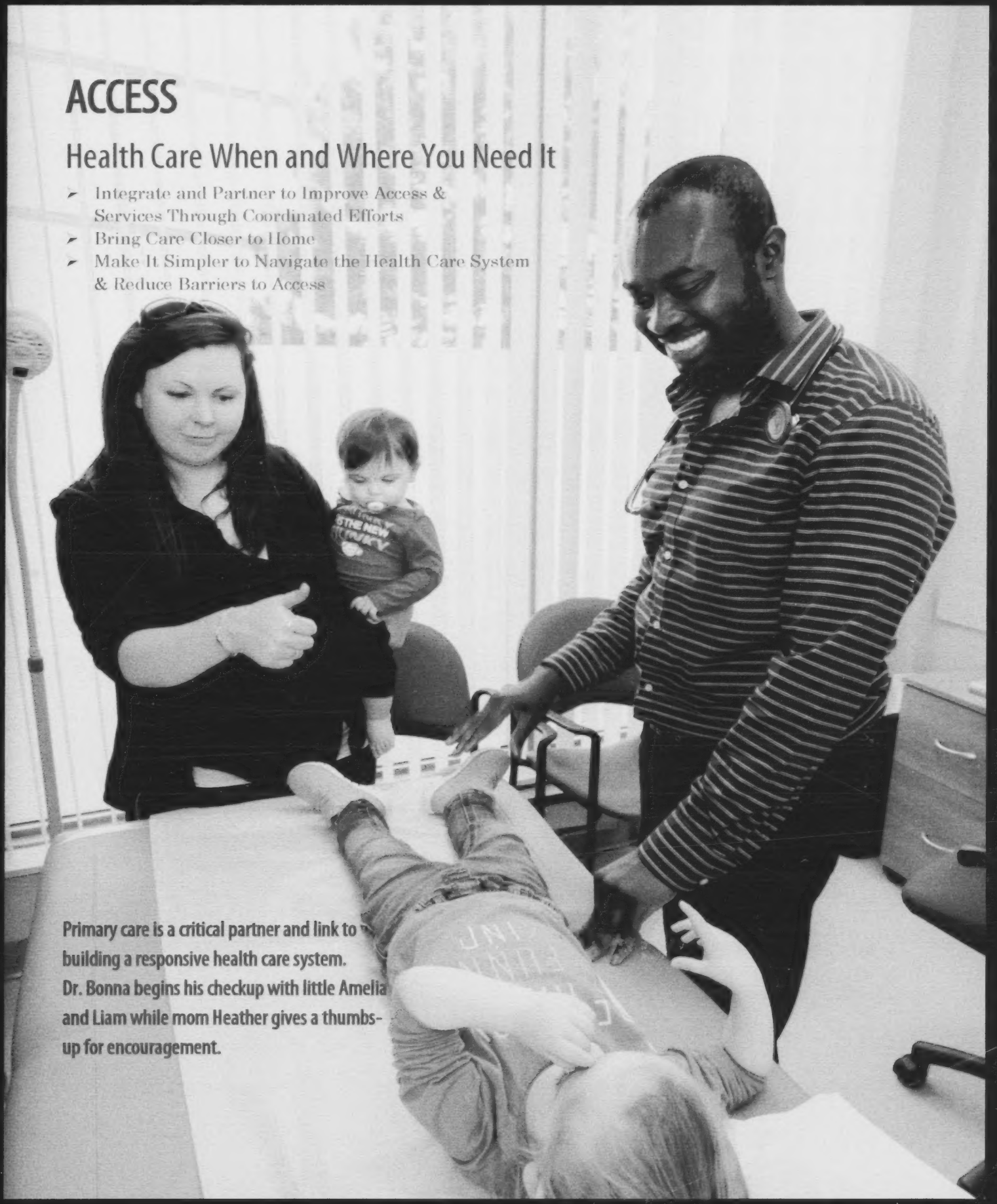
Mississauga Halton LHIN activities have been grouped into three key priorities identified in our 2016-2019 Integrated Health Service Plan: Partnering for a Healthy Community.

To carry out the first year of our three-year IHSP, annual goals and action items for each IHSP priority were selected. Many of the milestones you will find in this report relate to Mississauga Halton LHIN's vision — a seamless health system for our communities — promoting optimal health and delivering high-quality care when and where needed.

ACCESS

Health Care When and Where You Need It

- Integrate and Partner to Improve Access & Services Through Coordinated Efforts
- Bring Care Closer to Home
- Make It Simpler to Navigate the Health Care System & Reduce Barriers to Access



Primary care is a critical partner and link to building a responsive health care system. Dr. Bonna begins his checkup with little Amelia and Liam while mom Heather gives a thumbs-up for encouragement.

Emergency Department Wait Times

In 2008, the Emergency Department (ED) Pay for Results Program was established to focus on ED wait time challenges by providing funding for improved performance through the Ministry of Health and Long-Term Care. The performance metrics and the funding allocations are based on an allocation methodology aligned to hospital performance for the following six indicators: 90th percentile ED length of stay (LOS) for admitted patients; 90th percentile ED LOS for non-admitted high acuity patients; 90th percentile ED LOS for non-admitted low acuity patients; 90th percentile time to physician initial assessment (PIA); 90th percentile time to inpatient bed and 90th percentile ambulance offload time.

In its ninth year, the 2016-2017 provincial Pay for Results program invested $7.084 million to support a variety of initiatives to improve patient access and flow. With an increase of over 3 per cent in ED volume, the Mississauga Halton LHIN had outstanding performance in the 90th percentile ED LOS for non-admitted high acuity patients and 90th percentile ED LOS for non-admitted low acuity patients with access times remaining within the provincial target of 8 and 4 hours respectively.

In the case of the 90th percentile ED LOS for admitted patients, 90th percentile time to inpatient bed and 90th percentile ambulance offload time, other situational factors need to be considered to have a comprehensive view of the system level challenges. With the LHIN's alternate level of care rates on an increasing (declining) trend, flow through the hospital is limited, with diminished bed capacity, thus impacting the wait time associated with admitted patients, length of time to access an inpatient bed as well as ambulance offload times.

Addressing Alternate Level of Care

Alternate Level of Care (ALC) is a designation assigned to a hospitalized patient who no longer requires acute medical services but remains in the hospital awaiting care in a more appropriate setting. High ALC percentages signal system conditions that impact health service use, quality-of-care delivery and increased costs to the overall health care system.

Both hospital and community stakeholders enable the flow through of residents to the most appropriate setting based on the programs and services available across the Mississauga Halton LHIN.

To enable flow from hospital to other settings, key programs such as the respite program – both in-home and adult day programs – were expanded, and 30 new spaces were created for the Supports for Daily Living Program. A system navigator role was implemented to support residents with responsive behaviours, and an innovative congregate-setting model of care is being piloted to support stroke survivors' rehabilitation journey in the community.

ALC also encompasses elements of infrastructure capacity. With 32 per cent or 1,344 beds identified for redevelopment in the Mississauga Halton LHIN's geography, coupled with one of the lowest bedded levels of long-term care homes, the LHIN has implemented a key initiative to leverage the infrastructure opportunities with retirement homes through the Bridges to Care program. The top two discharge destinations from hospital are waiting for a long-term care home and home with community care services.

It is the LHIN's goal to continue to create options and opportunities for the residents of this region in a proactive, responsive and respectful manner.

myhealth365

The myhealth365 strategy builds on the lessons learned and valuable partnerships established through Mississauga Halton LHIN's holiday surge planning. Moving from a holiday centric approach to a year-long focus, the key goal for myhealth365 is to help residents easily access information by connecting to a singular resource that is trustworthy, reliable and up-to-date.

In 2016-2017, Iamsick.ca was selected as the successful vendor to deliver a technological solution for the myhealth365 strategy. Key deliverables for Iamsick.ca were to work to add on to the existing myhealth365 structure; look for opportunities for scalability and integration with other enabling technologies; and create a myhealth365 app for mobile use.

Through the use of the HEIA tool, it was determined that the accessibility features that provide the most impact to patients and families was the ability to filter results — based on language and which providers were accepting new patients. These new features reduce barriers to access, improving patient outcomes and patient satisfaction, and were built to allow for real-time data feedback for use in sub-region planning and development.

The myhealth365 website and application has a 100 per cent co-designed approach. Patient advisory groups as well as targeted focus groups, for example, Yee Hong Centre for Geriatric Care and Indus Community Health Services, were organized to test the tool for user interface design and user design experience. By December 2016, metrics were as follows:

- Patient user experience testing and interviews: 23 full interviews, 10 video-taped interviews, six partial interviews (people did not provide full demographic information) and two group events (45 individuals attended)
- Provider and community engagement: 48 community partners/health service providers expressed interest in supporting myhealth365; and 229 community partners/health service providers were contacted (83 requested callback to manager/decision-maker)

The newest feature of myhealth365, the smartphone app, phase 1 was launched on both iOS and Android in December 2016 after undergoing a rigorous co-design process with both patients and providers. This is the first smartphone app from the Mississauga Halton LHIN.

Data continues to be collected and analyzed for use in a final report summarizing user-experience feedback, performance metrics, lessons learned and recommendations to inform the next steps of myhealth365. The report will be shared broadly across the Mississauga Halton LHIN for use in other similar projects and is set for release in May 2017.

Chronic Disease Prevention and Management

The Mississauga Halton LHIN Chronic Disease Prevention and Management (CDPM) Steering Committee is working together to develop and implement an integrated, person-centred CDPM system that provides coordinated, quality care to those at risk for or living with chronic disease. The vision of the CDPM Steering Committee is that all Mississauga Halton LHIN residents with or at risk of chronic conditions are able to live with optimal health and wellness.

In June 2016, the Mississauga Halton Diabetes Alliance was formed, community-led and supported by the Mississauga Halton LHIN. The regional type 2 working group connects with this table for best practice information and collegial support. The working group has created a draft version of the diabetes type 2 booklet to support standardized care, currently in circulation with key partners (e.g. primary care physicians, patients and family members) for feedback and revision. A final copy is set for summer 2017.

The CDPM online resource tool developed out of a vision that people living with and at risk for chronic conditions can easily navigate information and services in the Mississauga Halton LHIN. A current state scan indicates most online resources simply provide a listing of information. They do not appear to support the unique challenges of a person with multiple chronic conditions. The working group has developed a framework, logic model and guiding principles which were approved by the steering committee to support the development of the tool. The online resource will focus primarily on information, disease management, prevention/healthy lifestyle and community supports. In an effort to avoid duplication, the CDPM online resource is dove-tailing with myhealth365 for a more fulsome system navigation

approach. The working group ran a series of focus groups, surveys and one-to-one interviews with different socio-demographic population groups in order to identify the key challenges and needs, and put forward recommendations for the final look, feel and technological build of the platform. The report will be released in April 2017.

Diabetes Education Programs
The CDPM Dashboard has been completed and includes updated information from the Diabetes Education Programs (DEPs), Central Intake, Foot Care Programs and Self-Management. Trending patterns have shown positive improvements in all programs.

In an effort to build capacity in the DEPs, a needs assessment with staff (i.e. managers of programs, clinical staff) was conducted to highlight areas where education and training would be beneficial. A strategy for addressing the needs was developed in partnership with Mississauga Halton LHIN's Chronic Disease Prevention Physician Lead, Dr. Amish Parikh. Accordingly, Dr. Parikh has scheduled clinical rounds with the programs to support education and training needs to increase staff scope of practice and professional satisfaction, improve patient outcomes and increase access and capacity in the programs. The first set of rounds have been well received by program staff and management.

Diabetes Foot Care Program
In 2016-2017, over 900 Mississauga Halton LHIN residents were supported by the Diabetes Foot Care Program that has 11 service sites available in the community. All of the referrals, screening and subsequent routing of information to foot care service providers is accomplished in the e-Referral electronic solution with over 65 diabetes educators in Mississauga Halton LHIN trained, registered and actively submitting referrals electronically.

Central Intake for Diabetes Education Programs
The Central Intake Program developed, tested and deployed the e-Referral solution to primary care offices. This enabled primary care providers to submit referrals directly into the e-Referral tool, rather than faxing referrals, having Central Intake transcribe them into the electronic system and then route to the appropriate education program. This process will improve efficiencies, reduce transcription errors and improve the time to access care. To date, 52 primary care offices have registered and there are 13 actively using the system.

In 2016, the Central Intake Program for Diabetes was the Access recipient of the 2016 Partnering for a Healthy Community Awards. **See *Partnering for a Healthy Community Awards* on page 36 to learn more.**

Mississauga Halton LHIN Health Expo

In partnership with Maximize Your Health's Self-Management program, the Mississauga Halton LHIN held two Living Well Health Expos for consumers at risk of, or living with chronic conditions, and caregivers of those living with chronic conditions. The Health Expo is an opportunity to engage our residents in meaningful conversations about health and build awareness around the various resources in the Mississauga Halton LHIN. As chronic conditions are most prevalent in our vulnerable and marginalized populations, this event aims to provide accessible and equitable opportunity for residents to receive trustworthy information. The Health Expo is free of charge to residents as well as participating organizations.

The first annual health expo held in Mississauga in September 2016 hosted 30 different exhibitors across the health care, social care and community sectors; eight interactive sessions demonstrating how to live well with a chronic condition, or how to help prevent a chronic condition if you may be at risk; and 35 youth volunteers (in partnership with Sheridan College) supported the event. The Health Expo opened its doors to 127 people waiting to access information, resources and support that could better their health experience. Feedback indicated unanimously that future events should be held.

The second health expo held on March 29, 2017 in Oakville doubled its attendance with close to 200 residents in attendance. The event offered several opportunities for consumer engagement, results of which are being collated and analyzed.

Regional Meals in Home

Mississauga Halton LHIN's Meals in Home Program's goal is to provide equitable access for meals in home to the most vulnerable residents. Eligibility will be determined by income and ability to move about in relation to other medical/health needs.

Through a health equity lens focused on food security, the Mississauga Halton LHIN Board endorsed the modernization and regionalization of existing food delivery services currently in place in the LHIN. This implementation includes the commitment to support Mississauga Halton LHIN health service providers in the transformation of the Welcome to Our Food Table Strategy in a multi-year implementation. Regional Meals in Home represents phase one of Mississauga Halton LHIN's Welcome to Our Food Table Strategy which encompasses centralized intake, congregate dining and coordination with multiple community providers.

In November 2016, Nucleus Independent Living was announced as the successful candidate to lead the transformation of food security in the Mississauga Halton LHIN. The following are some of the achievements in the fourth quarter of 2016-2017:

- Hired full time implementation project lead
- Established steering committee
- Established inventory of service portal with customization specific to new LHIN program in both Halton and Peel through partnership with Food 4 Life
- Created marketing strategy and communication plan
- Determined assessment tool and scripting for existing and new clients
- Mapped current process and desired state; identified gaps that need to be addressed to meet all program objectives
- Created the referral process which will occur between central intake and the four direct health service providers
- Initiated development of referral portal for clients and service providers

Next steps include transitioning eligible clients to the new program, and expansion to serve other vulnerable client populations as appropriate.

Telemedicine

The Mississauga Halton LHIN is working to champion and support a culture that uses telemedicine solutions to improve access and equity to health care services; to enhance health system capacity; and to increase knowledge transfer and collaboration between health care providers in a way that will positively impact the overall patient and health care provider experience in the Mississauga Halton LHIN.

Telemedicine allows providers to remotely diagnose, monitor and treat patients – and helps patients manage their illnesses through self-care and access to education and support systems. The Ontario Telemedicine Network (OTN) provides the platform and tools, programs and services that make this possible.

In partnership with the OTN, our three working groups: addictions and mental health, Health Links and primary care, were tasked to identify opportunities where Telemedicine and Remote Patient Monitoring would enable improvements for patients and our providers within their respective focus areas.

The working group on addiction and mental health is working to define a future state vision for High Intensity Community Services which will include the identification of Telemedicine opportunities.

The working group on Health Links increased adoption of Personal Computer Video Conferencing (PCVC) by implementing PCVC on all of their care coordinators' laptops enabling case conferencing with participating providers and physicians. Efforts to identify further opportunities for Health Links will come in support of sub-region development as part of the Patients First Act, 2016.

The working group on primary care has identified palliative care to be a key area of opportunity to implement Telemedicine solutions.

In addition to these three focus areas, opportunities are being identified within FLS and geriatrics.

Transportation

The Mississauga Halton LHIN commissioned a report to help identify local options to help improve access, optimize existing resources and focus improvement for complex, frail adults accessing adult day services.

The report has been received by the Mississauga Halton LHIN. Recommendations will be considered in the context of other implementation strategies. Some identified key observations and opportunities for improvement included: improved communication and coordination through centralized management to integrate a client-centred approach to bookings that optimize the system-level capacity with client requirements; delivery of high quality services by considering the role of caregivers; and consideration of structural changes to meet the changing needs of clients.

Health System Funding Reform

The regional group of health service providers convene bi-monthly at the Health System Funding Reform (HSFR) Local Partnership Committee to discuss local impacts and risks associated with the implementation. The 2016-2017 work plan includes: ongoing performance evaluation of quality based procedures; opportunities for regional collaboration in areas such as case costing and health-based allocation methodology analyses and volume planning and management.

The Cardiac Care Seamless Transition bundled care pilot project was a key achievement in 2016-2017. A partnership between Trillium Health Partners and St. Elizabeth Health Care to provide specialized post-surgical care in the home has demonstrated early success serving 300 per cent more patients in the community, decreasing readmission rates by 37 per cent. This pilot has enabled more patients to be served within the hospital, and improved transitions of care for patients through care coordination between the hospital and community teams.

Health Links

Health Links is a provincial initiative that aims to improve care coordination for individuals with complex conditions through greater collaboration between existing local health providers including family, caregivers, specialists, hospitals, mental health and addictions, long-term care, home care and other community supports such as housing. The Mississauga Halton LHIN has seven Health Links.

Mississauga Halton LHIN's seven Health Links: East Mississauga, North West Mississauga, South West Mississauga, South Etobicoke, Oakville, Milton and Halton Hills worked together to serve 714 patients in 2016-2017.

This year focused on transitioning Health Links in our region to a sustainable model of care. Building on the successful collaboration and partnerships developed at the local level, a new governance structure was developed and implemented with new terms of reference, committee membership and centralized Health Link Secretariat resourcing in place for 2017-2018. Local steering committee members were engaged in the development of a new dashboard for monitoring key success factors/performance at a regional level, and within each Health Link. These changes will support the building of an effective system of care for complex patients in the Mississauga Halton LHIN region.

Some of the local initiatives implemented to better manage and engage patients and caregivers with complex needs, included:

- Training and funding to support Health Link partner agencies in their journey to become patient-centred and manage complex care at all levels of their organizations, including capacity building to support complex patients with mental health issues, develop and share care plans, and implement tools to improve collaboration
- New inter-agency, cross-sector neighborhood forums were established to strengthen relationships among providers, and serve as service resolution tables to discuss and resolve significant issues for specific patients to improve their outcomes and experience
- Local pilot projects for specific populations in our region, including cross-sectoral partnerships and cross-border work between Toronto Central LHIN and Mississauga Halton LHIN to care for patients with complex needs in Toronto South Detention Centre in Etobicoke; and partnership between care coordinators and care navigators for patients with complex needs who also have significant mental health conditions and social needs, in rural and urban areas of Milton and Halton Hills

Health Links Patients Partnership began as a grassroots patient engagement initiative in South West Mississauga/North West Mississauga Health Link, engaging 62 Health Links' patients and their caregivers; this initiative is expanding across the entire Mississauga Halton LHIN region in 2017-2018 as we focus on bringing Health Links to scale.

Primary Care Integration

Primary Care Integration, designed to improve access to primary care and increase linkages between primary care and other health care providers, is working towards initiatives that will build awareness of health care system resources and capacity within the primary care sector.

Primary Care Advisors

Primary care advisors (PCAs) provide value to primary care providers by delivering information about resources and initiatives that can benefit patient care. They support in navigating system barriers and help providers find solutions to challenging clinical queries.

PCAs also collaborate with our health service providers to help design messaging that resonates with primary care providers, yielding better uptake of programs. They support communication by sharing primary care feedback with health service providers who have launched new programs or processes.

This year, PCAs delivered information to primary care providers on a variety of programs and initiatives including the one-Link referral process for mental health and addiction, the Diagnostic Assessment Program at the Cancer Centre and the Kidney Wise Toolkit which provided clinical pathways to determine when patients required speciality care. PCAs continued to educate primary care on new resources that streamline access to care including docSEARCH and the adoption of eConsult. PCAs also provided primary care providers with an overview of the LHIN to enhance their understanding of the LHIN's role as we move towards implementation of the Patients First Act.

PCAs are developing an understanding of primary care practices within the region, building relationships and partnerships that support the health system. PCAs engaged with primary care offices over 3,500 times this year connecting with almost 70 per cent of primary care physicians directly. PCAs also connect with nurses, office managers and allied health depending on the subject.

The Mississauga Halton LHIN made significant strides on its Primary Care Integration Strategy this year. Substantial planning evolved into products and outcomes from which primary care providers will derive much benefit, some of which follow.

docSearch

Access to the most appropriate specialist for a patient's needs is a concern frequently voiced by primary care providers. The Primary Care Network responded to this concern by proposing the development of a web-based directory of specialists to make finding the most appropriate specialist easier. Launched in April 2016, docSEARCH is a listing of specialists and any sub-specialty or niche practice area. It includes the necessary assessment and diagnostic information requested by each specialist and the appropriate referral forms.

doc|SEARCH
Your Doctor Directory

In developing docSEARCH, the Primary Care Network partnered with the Mississauga Halton CCAC and the Mississauga Halton LHIN to identify the necessary components, such as any sub-specialty practice area, necessary assessment and diagnostic information, to enable the specialist to begin the consultation immediately. The tool now captures over 80 per cent of the specialists in the LHIN and incorporates any electronic referral processes such as one-Link.

Primary Care Network

The Primary Care Network, launched in March 2015, is a collegial community of primary care providers who have come together to address local and regional issues, provide input into regional program planning and share resources to optimize primary care practice for physicians and patients.

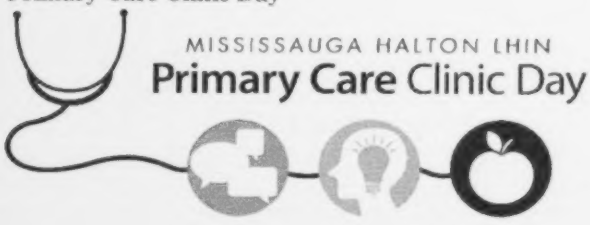
Primary Care Network
MISSISSAUGA HALTON

The Primary Care Network together with its core members representing all sub-regions, models of practice and levels of experience, continued to engage with health service providers to provide primary care input on the development of programs and initiatives. The network hosted seven events for primary care providers in each sub-region to develop a better understanding of their colleagues' needs, while also building collegiality and sharing resources and solutions to challenges faced on the front line.

To support collaboration between primary and speciality care providers, the Primary Care Network has been considering work that they can lead to improve this connection. In March, they hosted the Doctor's Lounge, to foster conversation between the

two groups of providers to examine how collaboration could be improved. Forty primary and specialty care providers were in attendance and identified many opportunities for improvements.

Primary Care Clinic Day



The fourth annual Primary Care Clinic Day was hosted by the Mississauga Halton LHIN on November 19, 2016. Dr. Joshua Tepper, President and CEO of HQO opened the event with a keynote address on quality and the opportunity to always look at "better". With over 200 registrants, delegates gained insights into the latest approaches to managing clinical cases such as concussion and medical cannabis. Presentations on poverty and quality encouraged primary care providers to reflect on their current practices and how they could incorporate new approaches to enhance the care they provide. The opportunity to connect with health service providers from the local community and learn about the programs and resources that are available was a highlight of the day. Both primary care providers and exhibitors find the discussions they have valuable, building relationships with members in the circle of patient care.

Primary Care Database

The Primary Care Database developed in partnership with the Mississauga Halton CCAC has proved to be a valuable resource that has assisted, for example, in the identification of providers who could support newly arrived refugees. Based on the success of this prototype, the Mississauga Halton LHIN is refining this tool to provide an enhanced understanding of the primary care sector, greater efficiencies for PCAs in the field and opportunities for further integration down the road. The enhanced database is housed in a platform, currently used by the Mississauga Halton LHIN for eReferrals to both diabetes and mental health services.

one-Link

Mississauga Halton LHIN's one-Link enables equitable access and coordinated care to make it possible for people to receive the right addiction and mental health care, at the right time and in the right place. Development and implementation of one-Link is ongoing.

In 2016-2017 there was a 241 per cent increase in referrals to one-Link, with over 15,500 referrals processed, over 6,000 individuals screened in a telephone interview by a service coordinator, and over 3,500 visits or checkpoints completed by peer support with individuals waiting for services. Even with increased volumes, one-Link screening appointments are available within two days of contacting people referred.

On June 20, 2016, one-Link went live with eReferral and electronic routing of referrals, with tracking and transparency dashboards from one-Link visible to the 10 Mississauga Halton LHIN funded addiction and mental health community services providers. The eReferral tool enables greater referral flow and transparency, streamlined data collection, improved data quality and more rapid access to current information.

one-Link began receiving and routing referrals for its LHIN funded community addiction and mental health service providers on September 19, 2016, achieving another implementation milestone. These referrals are now processed from health service providers submitting via one-Link's eReferral system. This marks an exciting next phase of collaboration with community addiction and mental health service providers and continued progress in the comprehensive staged implementation plan of one-Link.

Through one-Link's 90 day quality improvement exercise and investments in four new service coordinators, wait times associated with referral from primary care to one-Link screening dropped from 38 days in March 2016 to six business days. By implementing a zero waste initiative, administrators work each morning to develop a call list of individuals waiting and available for an appointment any time that day, so if someone is not able to attend their appointment with a service coordinator, another client can be quickly accessed to fill the space.

The one-Link program has settled into its new community space located at 240 Bristol Circle in

Oakville, where clients are attending their initial screening appointments and visiting with peer support workers.

4,067 health equity surveys were collected at one-Link and the information collected is starting to inform decisions on improving access. Key points being looked at are:

- 28 per cent of clients going through one-Link are transitional aged youth; this data will be used to engage youth to help make one-Link more youth approachable in service design and delivery
- The top five languages one-Link clients would prefer to speak to their health care provider are: English, Arabic, Urdu, Spanish and Polish

We plan to continue to monitor this data closely, work on cultural competency training, use of cultural brokers and addressing language preference through future HR considerations.

one-Link ribbon cutting event at the new 240 Bristol Circle location
Halton
Mississauga Halton
Central Intake Program

Representing Halton Healthcare from left to right:
Nala Sriharan, Monica Bettazzoni, Zoe Gordon, Denise Hardenne and Sylvia Rodgers

Sustaining Peer Support in the Mississauga Halton LHIN

Peer Support has been demonstrated to play an important role in both addiction and mental health recovery. In 2015, Mississauga Halton LHIN increased peer support capacity by adding services to 11 mental health and addiction health service providers. Mississauga Halton LHIN has also invested in supports to maintain the effectiveness of new and existing peer support in our region through: coordination of services; best practices support for health service providers' hiring peer support workers; and providing ongoing training and development of the peer support workers and their supervisors.

Our Beautiful Minds Peer Knowledge Exchange
This year's Our Beautiful Minds Peer Knowledge Exchange event took place on December 7, 2016 and focused on building the capacity of peer work across our region. Keynote presenters and workshop facilitators included: Ian Dawe, Program Chief and Medical Director Mental Health, Trillium Health Partners; and Robyn Priest, International Peer Trainer, Peer Zone organizers and Peer Positive's Collaboration. In her remarks, Robyn shared that she talks about the work that our region has done in regards to peer support in her international presentations, and highlights it as best practice so that others can learn from the example set within the LHIN. A video highlighting the work can be accessed on the LHIN's website under peer support.

Excellence Through Quality Improvement (EQIP)
The Sustaining Peer Support Initiative's expression of interest for EQIP's Project Level Coaching was selected this year. This involves in-depth quality improvement (QI) and data coaching. EQIP is a partnership between the Canadian Mental Health Association, Addictions and Mental Health Ontario and HQO.

a. Training and Coaching
Using diagnostic tools, the initiative has identified that the root cause of issues regarding role clarity and role definition in paid peer support positions (and the measurement there of) is that peer support is based on a set of values – as identified by the Mental Health Commission Canada – and it is unknown whether these values are current in present practice. The Sustaining Peer Support Initiative needs to determine the degree to which these values are present as perceived by people receiving peer services. To help augment its methodology and provide a better understanding of the process, Kim Sunderland (former CEO of Peer Support Accreditation Canada-PSACC) who led the Mental Health Commission of Canada work to develop peer support values, has been engaged.

b. Winter Newsletter: February 2017
The Sustaining Peer Support Initiative was the first EQIP project to be featured in their newsletter.

Stewardship Group
A Stewardship Group has been created to provide advice and technical expertise to the Sustaining Peer Support Initiative and to serve as a champion for peer support in the Mississauga Halton LHIN.

Association of General Hospital Psychiatric Services (AGHPS) Summit: Poster Presentation Award
Sustaining Peer Support Initiative partners – Halton Healthcare, Trillium Health Partners and Support & Housing-Halton/TEACH – presented at the AGHPS 6th Leadership Summit 2016 Poster Session celebrating innovation. The team won the award for best poster presentation with feedback that the initiative (aligning peer support within hospitals, regional support strategies and LHIN funding commitments) should be the provincial standard.

Health Canada's Drug Treatment Funding Program, Best Practice Peer Support and the Performance Measurement Project
The Sustaining Peer Support Initiative's Substance Use Systems Lead had been engaged with several of Health Canada's Drug Treatment Funding Programs, specifically, Best Practice Peer Support led by Addictions and Mental Health Ontario and the performance measurement work led by the Centre for Addiction and Mental Health's lead researcher Karen Urbanowski.

Large gaps in evidence pertaining to peer performance measurement have been identified. The researcher has engaged both the initiative's Substance Use Lead (Betty-Lou Kristy) and the Executive Director (Deb Sherman) of Ontario Peer Support Initiative to help propose what is needed, specific to peer support, to augment this section of the work. Both have been offered co-authorship of this section which will highlight work surrounding peer support and propose what would be innately important to create performance measurement that articulates the true value of peer support provision

within the health care system. This wide reaching report will be shared with Health Canada, the Ministry of Health and Long-Term Care, all LHINs, quality improvement and performance measurement experts and providers. The lead researcher has developed a peer support section as part of the full report as well as a stand-alone report that will be applicable to a wider demographic.

Ministry of Health and Long-Term Care Mental Health and Addictions Leadership Advisory Council: Lived Experience Advisory
The Sustaining Peer Support Initiative continues involvement with the Mental Health and Addictions Leadership Advisory Council's Lived Experience Advisory subgroup. The Mental Health and Addictions Leadership Advisory Council is a three-year advisory body created by the Government of Ontario. The council will advise the Minister of Health and Long-Term Care on the implementation of Ontario's Comprehensive Mental Health and Addictions Strategy. This opportunity positions the Sustaining Peer Support Initiative to build relationships with a larger demographic of provincial systems innovators, helps to promote the initiative and allows us to identify and co-create opportunities while negotiating any potential barriers.

Registered Nurses Association Ontario (RNAO) Nurse Educator Mental Health and Addiction Resource: Integrating Mental Health and Addictions into the Undergraduate Nursing Curriculum
The Sustaining Peer Support Initiative has been involved with this work for about 18 months, providing the lived experience/family and peer support voice and building awareness of peer support provision within nursing.

On February 10, 2017, the publication of the RNAO Nurse Educator Mental Health and Addiction Resource: Integrating Mental Health and Addictions into the Undergraduate Nursing Curriculum was released online, and is available at: http://rnao.ca/bpg/initiatives/mhai/mhar. The Substance Use Systems Lead, the LHIN's Sustaining Peer Support Initiative and its lead agency Support & Housing-Halton/TEACH are identified as being on the expert panel that co-created this publication.

Registered Nurses Association Ontario (RNAO): Crisis Intervention Best Practice Guideline Development Expert Panel
The Sustaining Peer Support Initiative was invited to be on this expert panel to create a crisis intervention guide. The last several months have been spent going through a modified Delphi method to reach consensus on evidence the team wants to use. This is another opportunity to make connections across sectors and align peer support provision to help create person-directed care for people in crisis.

HQO: Opioid Disorder Standards Advisory and HQO Patient/Caregiver Resource Development Team
The Sustaining Peer Support Initiative is actively engaged with both of these relatively new teams to bring a system led family/patient/caregiver voice and enhance the value of peer support provision in health care.

Community Addiction Liaison to the Emergency Department

The Community Addiction Liaison to the Emergency Department (CALED) initiative involves identification of individuals and family in the emergency department (ED) by crisis teams, and community addiction personnel being called into the ED to provide warm transfers to community addictions and mental health support services and programs.

CALED continued to support Halton Healthcare's Oakville Trafalgar Memorial Hospital. Plans are well underway for implementation at Trillium Health Partners' Mississauga Hospital.

An evaluation plan for the CALED pilot phase was developed and approved by the System Integration Group for Mental Health and Addiction. CALED's program evaluation plan was populated with some preliminary data and an initial draft report was shared with Mississauga Halton LHIN's Addiction Services Expert Panel. Based on the data from the evaluation plan, some quality improvement steps are being taken to enhance the program. For example, staff schedules are being revised to ensure that more staff members are present on days when the volume of referrals is higher.

CALED has been collecting anonymous data from clients seen by the CALED program to better understand the needs of the population seen at the emergency department for addiction and identify any potential barriers to accessing community services. The online questionnaire being used employs a logic model to better understand who is coming to the

emergency departments, and is focused on the need for Residential Withdrawal Management Services and the barriers and opportunities in the system. As more data is populated, the information will help support regional planning and quality improvement opportunities.

"Every Door is the Right Door" Service System

Through the No Wrong Door philosophy of care, providers are embracing a shared commitment to work collaboratively to help people with mental health and addiction challenges access the right service at the right time, adopt common values and objectives and provide exceptional customer service.

Phase Three of the No Wrong Door project focused on two of the three priorities defined by the mental health and addiction sector:

- Ensuring that all outgoing voice mail messages from the mental health and addiction agencies indicate an agreed upon time within which a caller's message will be returned. 48 hours has been determined by the sector as a feasible time within which any messages left from a caller will be returned. Agencies are in various levels of implementation on this priority.
- Develop a "Best-Transfer" protocol for clients who are being transferred to another program within the same agency and/or are being referred to a different agency (LHIN funded and non-LHIN funded).

Four champion agencies (ADAPT, PAARC, Punjabi Community Health Services and CMHA-Halton Region Branch) identified programs from their agencies that were used to better understand current practices and develop a Best-Transfer protocol that is appropriate for the Mississauga Halton LHIN context. one-Link was a key partner and collaborator in this exercise. The protocol was created with input from clients/patients in the system. The No Wrong Door Best-Transfer Protocol was finalized with input from the No Wrong Door Champion Team.

A knowledge exchange session was held on March 9, 2017 with more than 60 participants from the four champion agencies of this phase. This session allowed the participants an opportunity to learn from each other about the value of the Best-Transfer Protocol and also how it can be implemented across various programs and agencies. A final report with recommendation will be presented to the LHIN in April 2017.

Participants come together on March 9, 2017 at a knowledge exchange session for the No Wrong Door project to share learnings on the Best-Transfer Protocol. Over 60 participants from the four phase three champion agencies (ADAPT, PAARC, Punjabi Community Health Services and CMHA-Halton Region Branch) were present.

CAPACITY

Required Resources, Now and For the Future

- Quantify Capacity Needs and Expand Supports to Care Providers
- Enhance Program Capacity to Support the Right Care in the Right Place
- Recognize and Address the Impact Social Determinants Play in Building a Sustainable, Person-Centred Health Care System

Personal support worker Shirly helps Peel Senior Link client Shirley with her medication.

Regional Integrated Seniors Care

Mississauga Halton LHIN's Regional Integrated Seniors Care Model will aim to enhance seniors' health and quality of life by supporting seniors to stay healthy and at home longer through a person focused integrated accessible and sustainable system of care. The work will align with provincial priorities, regional Older Adult Plans and Mississauga Halton LHIN's IHSP. The Seniors' Strategy Steering Committee will work closely with existing committees and working groups associated with the delivery of seniors' care.

Phase one of the development of a Regional Integrated Seniors Care Model has been completed. A Discovery and Analysis Project Team presented their recommendations to the Seniors Strategy Steering Committee in November. The recommendations included findings from the analysis of current state and future opportunities for the defined population. Focusing on high needs areas, asset mapping, gaps in service and the key elements of service were presented as a proposed alternative model to long-term care for frail seniors with complex needs.

Phase two proceeded with the design team further developing the process, procedures and practice for the test site. The remaining phases include: build and test; implementation; post implementation; and sustain and spread.

Mississauga Halton Palliative Care Network

Established in July 2015, the Ontario Palliative Care Network (OPCN) is a formalized provincial network tasked with implementing the provincial strategy for palliative care outlined in the Advancing High Quality, High Value Palliative Care in Ontario A Declaration of Partnership and Commitment to Action. To support the evolution of palliative care in Ontario, and to align with the OPCN's provincial strategy, the Mississauga Halton Palliative Care Network has formed, with executive-level representation from the LHIN, the CCAC, residential and community hospices, and hospitals.

To support the OPCN and bring a local system perspective, all LHINs were asked to form regional networks. In the Mississauga Halton LHIN, this regional network known as the Mississauga Halton Palliative Care Network reports to Mississauga Halton LHIN's CEO Bill MacLeod and Regional Vice President Leslie Starr of the Mississauga Halton Central West Regional Cancer Centre.

Katherine Davison joined the Mississauga Halton Palliative Care Network as Administrative Director, Dr. Laura Harild as the Physician Multidisciplinary Clinical Co-Lead and Carol Sloan as the non-Physician Multidisciplinary Co-lead. Together with the regional network, they will build on existing structures, create capacity and improve the quality of palliative care in the community.

The network set up the secretariat, executive committee and operational leadership committee. Following the last executive committee meeting, the group concluded that though a truncated timeframe, a targeted approach on building capacity across the region and building confidence in primary care physicians, allied health care providers and care coordinators would yield positive results and could be actioned. The activities to achieve those goals were as follows:

- Learning Essential Approaches to Palliative Care (LEAP) training: two training groups have been run successfully with maximum attendance in both sessions. Post-course evaluations indicated satisfaction with the course and the regional leads will look to follow up in six months to determine how the training has changed their care practices for patients and families. As both groups were at the maximum, the Mississauga Halton Palliative Care Network will look to create a roadmap for future educational opportunities.
- End of life seminars: three seminars were organized for primary care physicians in Mississauga, Oakville and Etobicoke with considerable uptake.
- Print materials: standard educational materials for providers, patients and families have been created in conjunction with a distribution strategy.

The Mississauga Halton Palliative Care Network recently submitted an application in response to a call for proposals from the Ministry of Health and Long-Term Care to address issues of palliative care for homeless populations. Results are expected in April 2017.

The regional networks were tasked to complete the Phase 2 Palliative Care Capacity Survey. Health care providers from hospital, community, hospice, long-

term care and decision support teams worked together to complete the large scale survey. Results will be summarized provincially and provided back to the regions for review and analysis in 2017.

Medical Assistance in Dying

Mississauga Halton LHIN, Trillium Health Partners, Halton Healthcare and Mississauga Halton Community Care Access Centre are partnering to establish a regional approach to Medical Assistance in Dying (MAID). The group is currently establishing a terms of reference and membership list which will include involvement from other sectors. Plans to conduct a current state analysis will ascertain the impacts locally and provincially for different points across the system (e.g. long-term care) and support a more fulsome approach. Additionally, best practices and current methodologies are being shared at a provincial level for LHINs to leverage as appropriate.

This working group will develop an approach to MAID that is safe, timely, equitable and respectful of the wishes of patients and families in the Mississauga Halton LHIN region.

Enhance Capacity in Long-Term Care Sector

The Mississauga Halton LHIN is strategically focused on enhancing capacity within the long-term care sector by enhancing behavioural supports, palliative care and the coordination of transitions between the sectors with the primary goal of improving the resident experience.

Behaviour Supports Ontario

In 2016-2017 the Mississauga Halton LHIN received approximately $600,000 to enhance services related to Behavioural Supports Ontario (BSO). As part of ministry direction, the LHIN allocated $420,000 to long-term care homes within our LHIN, with the remaining $180,000 allocated to Alzheimer Society Peel, the LHIN's lead agency for the BSO initiative. This new funding allowed for an increase in BSO resources to each long-term care home. Some homes added to already existing BSO registered practical nurses or BSO personal support worker positions, and other homes took a different approach and added a BSO recreation therapist.

The community sector also benefited from this additional funding with an additional counsellor to support those who participate in adult day programs, and the introduction of a new system navigator role to support the transitions out of hospital for those individuals where behaviours has been identified as a barrier to discharge.

As a result of this new funding, the Mississauga Halton LHIN now has a total of 58 full time positions to support those living with responsive behaviours across the region.

Leap Training

As part of continued regional work around palliative care, five long-term care homes from the Mississauga Halton LHIN participated in a two day LEAP training course hosted at Dorothy Ley Hospice and led by Dr. Robert Sauls from Trillium Health Partners. The LEAP course is a nationally accredited palliative care course for physicians and nurses. The goals of the training are to:

- Provide the essential practical knowledge, attitudes and skills to provide a palliative care approach, from early in the illness to the end-of-life; it does not make participants palliative care specialists or experts
- Link learners to local palliative care resources
- Build organizational capacity

Long-Term Care Redevelopment

The Enhanced Long-Term Care Home Renewal Strategy announced in October 2014 will help bring all long-term care homes in the province up to the highest design standards.

The LHIN's role is to help coordinate and prioritize the redevelopment of the beds within their region, while the ministry oversees the approval process and monitoring of the redevelopment.

The Mississauga Halton LHIN currently has 10 homes and 1,344 beds that have been identified for redevelopment, which is 32 per cent of our long-term bed capacity. Mississauga Halton LHIN along with Central LHIN have the lowest number of long-term care beds per 1,000 people aged 75+ which is a major challenge given the growing rate of our population over the age of 65.

The homes for redevelopment are: Bennett Health Care Centre (66 beds), Cooksville Care Centre (192 beds), Dom Lipa (30 beds), Eatonville Care Centre (247 beds), Erin Mills Lodge (86 beds), Streetsville Care Centre (118 beds), Camilla Care Centre (237 beds), Mississauga Long Term Care Home (55 beds), Tyndall Seniors Village (151 beds) and Trillium Health Partners (220 beds).

In the fall of 2016 the Mississauga Halton LHIN engaged in conversations with all 10 long-term care home operators identified for the Long-Term Care Home Renewal Strategy by the Ministry of Health and Long-Term Care. These discussions were the first

steps to the development of a long-term care home renewal strategy within the Mississauga Halton LHIN region.

All 10 homes have indicated that they intend to redevelop or renovate at a minimum. They have also identified the factors that will limit their ability to participate in the renewal strategy.

The LHIN will continue to engage with the homes and the ministry to develop strategies to address the identified areas of concern.

Nurse Practitioners in Long-Term Care

In the fall of 2015, the Ministry of Health and Long-Term Care announced it would be providing funding across the province for up to 75 new attending nurse practitioners in long-term care homes over three years as part of Patients First: Action Plan for Health Care. The attending nurse practitioners are the onsite primary care providers for patients and will work as part of a team of health professionals to strengthen the care that residents receive in long-term care homes.

As part of round one, Tyndall Seniors Village and Silverthorn Care Centre were identified to receive ministry funding to hire attending nurse practitioners. Both long-term care homes were successful in recruiting for their respective attending nurse practitioner and are currently working through implementation with the support of the NP Stat program, which has been in operation since 2010-2011 focused on acute episodic care.

In the fall of 2016, the selection process for round two was initiated and included two additional attending nurse practitioner positions for the Mississauga Halton LHIN, which will bring the total number of attending nurse practitioners in the LHIN to four. As with the first round, the LHIN took the lead role in the selection process in collaboration with the ministry. Eatonville Care Centre and The Wenleigh have been identified to receive nurse practitioners as part of round two.

Regional Rehabilitative Care Program

The Regional Rehabilitative Care Program is working to standardize and streamline rehabilitative care services across the Mississauga Halton LHIN. The Mississauga Halton LHIN is working with the Rehabilitative Care Alliance of Ontario to implement initiatives across our hospitals, long-term care homes and community providers to ensure that eligibility, service standards and access to care can be standardized irrespective of where the patient accesses the system.

The Rehabilitative Care Alliance (RCA) Bedded Levels of Rehabilitative Care Working Group was focused on the alignment and implementation of the RCA Definitions Framework for Bedded Levels of Rehabilitative Care. Halton Healthcare staff, CCAC and community-based services such as Post Inn Village's convalescent centre have received education on the bedded levels of care. Hospitalists and family medicine physicians have also received training on this topic. As one of the goals of the RCA is to streamline the referral and acceptance process for rehab, Halton Healthcare is undergoing modification of its electronic (Meditech) application to the Rehabilitation Unit that is scheduled to launch May 2, 2017. The referral to Halton Healthcare CTC/Complex Continuing Care programs has been updated to include the Definitions Framework for Bedded Levels of Rehabilitative Care that pertain to these units. Trillium Health Partners is in the process of creating an implementation strategy for the RCA Definitions Framework for Bedded Levels of Rehabilitative Care.

The Community Rehabilitative Care Planning Committee created a project charter that is in alignment with provincial and LHIN objectives. Two key projects have been identified by the committee for 2017: the creation of a standardized process for transfer of information between providers such as hospital, CCAC and other community based programs, and creating a LHIN-wide list of community-based services for the Mississauga Halton LHIN region.

The RCA has created an algorithm of referral options for community-based levels of rehabilitative care and an accompanying template that will be used to list hospital and community-based services offered in the Mississauga Halton LHIN. This draft template separated into two listings: progression-focused and maintenance-focused programs provided by regulated health professionals, has been shared with primary care physicians and nurse practitioners with positive preliminary feedback. The listings will serve to increase referrer knowledge of programs and could also help to highlight to the LHIN any gaps in services within local communities.

Advancement of Community Practice

The Advancement of Community Practice (ACP) Initiative is a strategic way of working in the community to move programs and services forward to meet rapidly changing health system needs. ACP is comprised of six collaboratives that enhance the capacity of community service providers and ensure standardized operating procedures and practices: Responsive Behaviours, Caregiver Respite Program, Exercise and Fall Prevention, Regional Continence, Medication Management and Assisted Living/Supportive Housing/Attendant Care. Education and Development has now moved away from being a collaborative to becoming a collective that will support all six of the collaboratives.

Education and Development Collective

The Education and Development Collective is targeting Mississauga Halton LHIN health service providers and informal caregivers/family to enhance, focus and strengthen the capacity of direct care providers (informal and formal caregivers) to acquire new skills and to transfer new knowledge and best practice understanding.

The 2016-2017 Education and Development Collective's master plan program priorities were as follows: personal support worker standards; mental health; health equity; education, formal and informal, caregivers and families; and provincial and LHIN priorities.

The Mississauga Halton LHIN Regional Learning Centre

The Mississauga Halton LHIN Regional Learning Centre is an innovative community educational resource for health service providers, inclusive of both staff and management, as well as caregivers in the Mississauga Halton LHIN. The Regional Learning Centre's community educators, in partnership with the Education and Development Collective, inform a diverse educational curricula that reflects a broad spectrum of community needs and supports using flexible learning opportunities to meet the needs of the participants.

The conceptual framework for the Regional Learning Centre identifies three areas of focus: planning, development and dissemination, and evaluation.

The Regional Learning Centre program activities align to the Advancement of Community Practice: Education and Development Collective key program priorities for 2016-2017. The curriculum offered to supervisors included: interRAI CHA Core and Functional Supplement Training; GPA Basics; Moving and Handling; Palliative Care; Documentation; Professionalism; Client-Centred Care and Chronic Illness; Introduction to Diabetes. The facilitated sessions for family and caregivers included topics related to a virtual experience of dementia, fall prevention, preventing constipation, home safety and power of attorney. Health equity, cultural competency and e-Learning modules are in program development phase.

From January to March 2017, personal support workers representing 17 health service providers in the Mississauga Halton LHIN participated in the following education sessions: GPA Basics; Safe Transfers and Mechanical Lifts; Palliative Care; 3 D's (Delirium, Dementia and Depression); Advanced Infection Control Chronic Illness; Introduction to Diabetes; and Introduction to Mental Health and Continence.

Caregiver Respite Program

The Caregiver Respite Program provides caregivers with a total of five respite services customized to meet the unique needs of caregivers whose loved ones have high needs. Accessed through a central registry, respite advisors navigate caregivers to services including emergency/crisis respite care, short stay and long-stay respite, adult day, in-home respite care and education/skills training, helping caregivers in their journey.

The purpose of the Caregiver Respite Collaborative is to identify opportunities to enhance respite services in the Mississauga Halton LHIN.

The Caregiver Respite Collaborative continues to streamline the expansion of in-home respite through the Mississauga Halton Community Care Access Centre. Through LHIN funding, the Adult Day Service (ADS) programs have increased the number of staff to provide safer care to more complex resident populations. In addition, the LHIN funded an increase of 41 individual spaces on Saturdays to help enable timely discharge from hospitals on Fridays and Saturdays. Lastly, the ADS health service providers created additional capacity of 20 spaces during surge pressures that were experienced across the Mississauga Halton LHIN from January 2017-March 2017.

The Respite Collaborative has identified emergency crisis respite process with engagement, and a broad

consultative approach being used across a broad spectrum of community supports, including emergency medical services, local police services and others, with the goal to ensure that caregivers will have flexible resources available to meet their needs in time of great urgency.

Exercise and Fall Prevention

The Exercise and Fall Prevention Collaborative was created to enhance the delivery, availability, and execution of exercise and fall prevention initiatives for older adults as part of a regional strategy. Areas of focus include education, risk assessment and exercise.

In 2016-2017 the Exercise and Fall Prevention Collaborative defined their strategy to help reduce the rate of falls within the Mississauga Halton LHIN. The strategy consist of four areas of focus: regional integration, access to appropriate assessment and intervention, Continued Quality Improvement and Effective Leadership. After considering the objectives of the collaborative, the name has changed from Falls Prevention to Fall Prevention with the goal of prevention for even one fall.

In 2016-2017, the collaborative developed a fall framework to:

- Identify the shared responsibility among health and social service providers in fall prevention
- Support health service providers address fall prevention with seniors through actions that may include raising awareness, screening, assessment, and/or direction to the most appropriate interventions and resources for seniors across a continuum of health and well-being
- Raise awareness of the available resources that address fall risk factors within the Mississauga Halton LHIN
- Identify areas of service gaps or where additional intervention resources are needed

The Queensland Stay On Your Feet Model was used as the foundation for the framework. As part of the communication and engagement strategy, the LHIN hosted an Exercise and Fall Prevention Awareness day on March 22, 2017. The event was held at the Region of Halton and was attended by over 100 individuals from various health organizations from across the province. The day included presentations and information booths from both the Region of Peel and the Region of Halton as well as other subject matter experts in the area of fall risks and the available services in fall prevention.

Supportive Housing, Assisted Living, Attendant Care, and Acquired Brain Injury

The Supportive Housing, Assisted Living, Attendant Care and Acquired Brain Injury Collaborative was created to provide a forum for collaboration and shared communication across providers. Strategic areas of focus include knowledge exchange, collaboration, capacity building, system coordination and service delivery.

The Supports for Daily Living (SDL) Program received funding to expand by 30 spaces to assist residents to age in their respective homes. This expansion complements SDL's mobile program, to readily serve patients discharged from hospital to their home.

Continence

The purpose of the Regional Continence Program Collaborative is to enrich, optimize and maintain the health and wellness of Mississauga Halton LHIN residents through enhanced awareness, access, assessment and support by promoting bladder and bowel management.

Membership in the Regional Continence Collaborative includes representation from caregivers and a variety of health service providers who have knowledge of, expertise in and/or a focus on the target population.

Informed through the quality improvement work plan 2016-2017, the Regional Continence Program Collaborative developed, surveyed, analyzed and evaluated the "Take a Minute for your Bladder and Bowel Survey." The aim of the survey was to start a dialogue on bladder and bowel health, and through community engagement, help to inform the needs for both access and education to avoid hospitalization.

The survey included eight questions incorporating social determinants of health and was open to all ages and people living in the Mississauga Halton LHIN for three weeks. The goal was to collect 1000 survey responses and 893 were received.

Findings included:

1. 83.8% of respondents would seek help if they had bladder and bowel issues
2. The top five areas where an individual would seek help if they had bladder or bowel concerns are as follows:

1. Family doctor	93.4%
2. Look up online	22.4%
3. Bladder or bowel clinic	13.2%
4. Medical specialist	13.0%
5. A family member or friend	11.0%

Respondents identified what they would like to know about bladder and/or bowel health (more than 500 written responses were obtained). The top theme indicated the greatest need was education, specifically:

   i. What bladder and bowel function is considered normal vs. abnormal as it relates to age and gender through the normal aging process
   ii. What are the signs and symptoms that require intervention

3. The top five places to learn about bladder and bowel health – sequentially in rank order – are as follows: family doctor, internet, educational information sessions, brochures/pamphlets and family health teams.

In September 2016, the collaborative amended the quality improvement action/work plan for the 2016-2017 year to incorporate the survey data analysis into the baseline practice, education, clinics and population needs. In February 2017, the Regional Continence Program undertook the evidence informed development of information pamphlets on bladder and bowel care and the regional continence website.

Medication Management

The Medication Management Collaborative focuses on the promotion of safe medication management practice in the Mississauga Halton LHIN community.

The Medication Management Collaborative continues to enhance the capacity of the community sector to identify risk related to medication, with the aim of better supporting clients in the community. In support of this objective, the collaborative has finished work on the following:

- A comprehensive glossary of terms to assist health service providers in using the same nomenclature when communicating about medication management
- The creation of definitions for Interactions Levels
- The identification of the requirement for standards/best practices in the community setting

Behaviours

The Responsive Behaviours Collaborative focuses on ensuring that every individual impacted by a responsive behaviour has access to coordinated, quality care and services. Strategic areas include knowledge exchange and capacity building; system coordination; and service delivery.

In 2016-2017 the Responsive Behaviours Collaborative focused on the launch of a new regional Mississauga Halton BSO website. The website was designed to meet the needs of both formal and informal caregivers as well as clients. It hosts information related to supporting a loved one and caregivers, as well as links to resources, programs, services and tools.

In response to the identified need for educational support for health service providers that are providing services to clients with unmanageable responsive behaviours, the collaborative established a community sector series of training modules. This solution was identified as a practical way to build capacity within the community sector, specifically for those who are in supervisory or leadership roles, to help staff navigate through responsive behaviours.

The modules training was consistent with the training provided to long-term care BSO staff. A total of 17 team leads/supervisors from a variety of community sector agencies were part of this pilot group, participating in a series of learning modules. The group was required to complete a pre and post evaluation to help determine if the modules were useful to help support the future planning of education.

Capital and Community Capacity Planning

The Mississauga Halton LHIN supports the planning for the provision of health care services in communities across the region. In conjunction with the Ministry of Health and Long-Term Care, the LHIN works with health service providers to build capacity within the local system to respond to growing population needs.

Acute

Trillium Health Partners

Trillium Health Partners completed construction on the Queensway Courtyard site and opened a 39 complex continuing care unit in November 2016. The Credit Valley hospital site renovations are in progress. In addition, Trillium Health Partners are in the early stages of planning a Master Program redevelopment for their Mississauga and Queensway sites.

Halton Healthcare

Construction is well underway at Milton District Hospital, with the new site anticipated to open to patients in the fall of 2017. Georgetown Hospital is in the early stages of capital planning to redevelop elements of its aging facility.

Community

Several community health service providers within the Mississauga Halton LHIN received funding from the newly established Community Infrastructure Renewal Fund to assist with ongoing repair and renewal needs.

Hope Place is in the early stages of planning for the redevelopment and co-location of their three sites on one greenfield site.

Community Health Hubs

Mississauga Halton LHIN continued to work collaboratively with health and social service providers across sectors to explore the development of community hubs as a means of more integrated and connected services in the region. In 2016-2017, the LHIN participated in meetings with the Region of Peel and Halton Region/Community Development Halton focused on the development of a regional framework for community hubs to develop a unified approach over the next fiscal year.

Creditvale Mills Community Wellness Hub

Commencing in January 2017, the Mississauga Halton LHIN began providing project management support for the development of the Creditvale Mills Community Wellness Hub, located in north Mississauga. This work focuses on supporting partners to identify which programs and services to locate at the hub. This project will help inform regional planning for community hubs in the future.

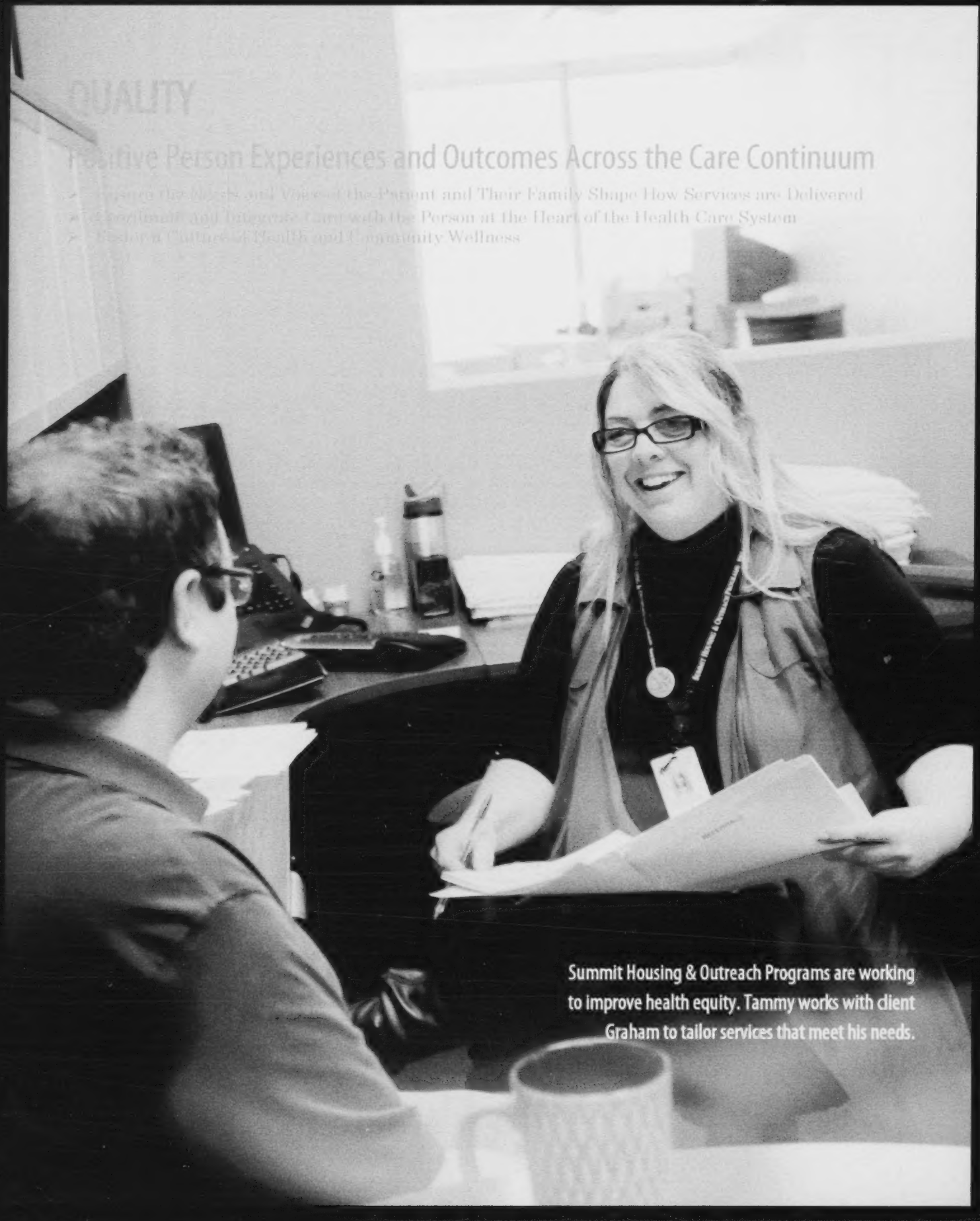
Key organizations involved in the Creditvale Mills project include: the City of Mississauga, Region of Peel, Peel Senior Link, Boys and Girls Club of Peel, Credit Valley Family Health Team and Trillium Health Partners.

Care Connections of Halton Hills (Community Hub)

Care Connections of Halton Hills, under the leadership of Links2Care, is a collective of service provider agencies – Acclaim Health, Halton Diabetes Program, Halton Youth Justice, Links2Care, Savis Counselling Services and Thrive Counselling – with the shared purpose of enabling easy access to an array of services for residents of Halton Hills, where there is no public transportation. In this model, the host/lead agency provides back office services as part of the lease agreements. These services include a common welcome centre (reception and information services), shared internet, phones, photocopying fax and other business tools.

While each of the organizations remains separate and distinct, the operating model is evolving to include warm transfers and an integrated approach to accessing programs and services. Care Connections of Halton Hills is also a reference source for many residents who come into the hub seeking information about the community, services and programs.

Member organizations have developed guiding principles for the hub, are planning an open house, meet quarterly to review processes and protocols and share knowledge about each organizations' programs and services to promote and enhance the integration that is central to the operating model.


QUALITY
Positive Person Experiences and Outcomes Across the Care Continuum
Person and Their Family Shape How Services are Delivered
Person at the Heart of the Health Care System
Community Wellness

Summit Housing & Outreach Programs are working to improve health equity. Tammy works with client Graham to tailor services that meet his needs.

Health Equity

A key focus for Health Equity is on initiatives aimed at collecting socio-demographic data to apply an equity lens to better inform program development and organizational outreach to marginalized groups for improved client outcomes.

Phase II of the Health Equity Data Collection project saw the continued participation of the nine Focused Implementation Sites (FIS) from Phase I (2015-2016), and an additional 16 FIS organizations that have just come on board for Phase II.

Of the nine FIS organizations from Phase I of the project, all have now implemented a process for collecting socio-demographic data using the standardized core 8 questions in at least one of their programs, and all are currently in the process of making plans for and/or conducting analysis of the data that has been collected. Beyond the data collection, each of the nine Phase I organizations has either conducted, or has a plan to conduct, a Health Equity Impact Assessment within their organization using the standardized HEIA tool.

In early December 2016, all project participants were invited to participate in a workshop where they were briefed on the project objectives and work plan, and Phase II organizations were given an opportunity to engage with Phase I organizations around experiences and lessons learned. Participant feedback was positive, with participants appreciating the opportunity to meet and engage with other members of the project and learn more about the importance of integrating socio-demographic data collection into organizational practice, and how this can lead to more effective health outcomes for clients.

Focused Implementation Sites Outcome Statement

Service providers will have a consistent system process of socio-demographic data collection in the Mississauga Halton LHIN.

Shared Purpose

To incorporate a standard of core socio-demographic questions into Focused Implementation Sites that will enhance data collection, data analysis and reporting for equitable health programs and services.

Individual consultations with FIS organizations were scheduled throughout the project where they were offered support around any of the following: needs assessment of current organizational health equity training for staff; implementing the core 8 questions into organizational practice; managing data collected; creating an analysis plan/conducting analysis on data collected; and implementing the HEIA tool.

Formal training sessions were scheduled from January to March 2017 with additional training sessions offered to project participants focused on implementation of the HEIA within organizations as part of the health equity data collection project.

Bi-weekly community of practice meetings for all FIS organizations commenced in mid-January and were supplemented with a web portal to support online sharing and learning. These teleconference and in-person meetings, open to all staff involved in the health equity data collection project, were integral for sharing experiences, learning from other organizations, and developing a mentorship model between the Phase I and Phase II FIS organizations.

On March 24, 2017, a project symposium was held for all members of the project including members of the wider Mississauga Halton LHIN community with approximately 130 people in attendance. Using a shared learning framework, the journey of 25 Mississauga Halton FISs were discussed highlighting socio-demographic data collection, analysis, reporting and evaluation for the purpose of building equitable programs and services. Through interactive exercises, the symposium also explored the interconnections between health equity and the social determinants of health and how an individual's ability to achieve his/her or their full health potential is undermined when preventable and avoidable systematic conditions such as income, education, housing or food security constrain life choices.

Mississauga Halton LHIN Regional Quality Table

The Regional Quality Table (RQT) is a partnership between the Mississauga Halton LHIN and HQO, and provides a mechanism to advance the foundations for quality improvement in support of the LHIN's IHSP. The RQT will align the quality agenda across the LHIN to build on existing efforts and promote a culture of quality to enable improved patient outcomes, experience of care and value for money.

HQO and the LHIN hired the Regional Clinical Quality Lead, Dr. Amir Ginzburg in March 2016 and held the first meeting of the RQT in April where the

terms of reference and work plans were established. During its first year of operation, the RQT has:

- Completed a survey to understand the current capacity of resources (people) in our region and the tools they are using to advance quality
- Helped to shape the launch of quality monitoring and planning documents including the Mississauga Halton LHIN quality dashboard, and readmissions and ALC driver diagrams
- Completed an analysis of existing QIPs in our region to identify cross-sectorial common improvement themes
- Overseen the 2016 Partnering for a Healthy Community Awards, established to recognize excellence in quality, access and capacity
- In the mental health and addiction and community support services sectors:
  - Held a QIP workshop which provided both education around QIPs and supported development of common quality indicators for the required development of a board approved QIP by April 1, 2017; this input, HQO's work and a suggested QIP template were combined into a Mississauga Halton LHIN QIP guidance document for these sectors
  - Hosted two quality improvement training sessions in February provided by EQIP (and based on the IDEAS training)

The focus for the beginning of 2017 has been on the identification of LHIN regional priorities for the integrated regional quality plan. Key quality data, developing guiding principles, brainstorming and using the LHIN Priority Setting and Decision Making Framework have led to the identification of three to four priorities which will be vetted during several patient engagement activities planned for early April and with several key stakeholder groups. The finalized suggestions will be presented to the LHIN Board Quality Committee.

Partnering for a Healthy Community Awards

Collaborative initiatives underway among health service providers across the LHIN were showcased at the second annual event on September 26, 2016, named this year after the 2016-2019 Mississauga Halton LHIN IHSP which puts the needs of patients at its centre by focusing on three key priorities: access, capacity and quality.

The Mississauga Halton LHIN was delighted to present its awards recognizing quality and innovation at the 2016 Partnering for a Healthy Community Awards, held at the Mississauga Convention Centre on September 26, 2017.

Recipients, awarded in two categories and aligned with the LHIN's strategic priorities, included:

- **Creating Simplified and Equitable Access to Diabetes Care**, led by Halton Healthcare, Trillium Health Partners and Credit Valley Family Health Team
- **Partnering to Improve Care for High Needs Clients with Acquired Brain Injury and Behavioural Challenges**, led by Peel Halton Dufferin Acquired Brain Injury Services and Extendicare Halton Hills

Creating Simplified and Equitable Access to Diabetes Care

2016 Partnering for a Healthy Community Awards Recipient, Access

"Ontario's Local Health Integration Networks are vital to our health care system. They are the front line of service delivery and patient care in our province. These awards are a wonderful way to recognize the hard work and tireless efforts of our incredible LHIN teams."

— Indira Naidoo-Harris, MPP Halton

Partnering to Improve Care for High Needs Clients with Acquired Brain Injury and Behavioural Challenges

"The submissions for Mississauga Halton LHIN's 2016 Partnering for a Healthy Community Awards were of exceptional calibre and the winners were outstanding. These awards celebrate quality and innovation in the Mississauga Halton LHIN as reflected in the phenomenal work that happens at the front line in partnership with health service providers, patients, clients and caregivers."

— Amir Ginzburg, Clinical Quality Lead, Mississauga Halton LHIN

2016 Partnering for a Healthy Community Awards Recipient, Quality

Enabling Technologies for Integration

Electronic Medical Record Implementation

An Electronic Medical Record (EMR) is a digital version of the traditional paper-based medial record for a patient. The EMR typically represents a medical record within a single facility, such as a doctor's office or a clinic. OntarioMD managed the successful completion of the program put in place to help physicians and specialist fund the implementation of a specification compliant EMR system.

The Mississauga Halton LHIN continues to encourage adoption of EMRs by our physicians and specialists. The focus for 2017-2018 will continue efforts to promote EMRs through physician engagement by our primary care advisors as well as other planned physician engagement conferences. Adoption of EMRs broadens the accessibility of patient information for up-to-date decision making opportunities. A realistic target for the next fiscal year would be to raise our adoption rate above 70 per cent.

ConnectingOntario

Connecting Ontario is a regional solution that supports the delivery of provincial electronic health records by linking and integrating electronic patient information from across the care continuum and making it available at point-of-care to improve the patient and clinician experience. There are currently over 41,000 enrolled users who will gain access to their patient's records through ConnectingOntario, that's more than double the original target for enrollment.

Halton Healthcare completed the data contribution portion of their implementation in March 2017. They will schedule work to begin the data viewing portion of the overall project later in 2017-2018.

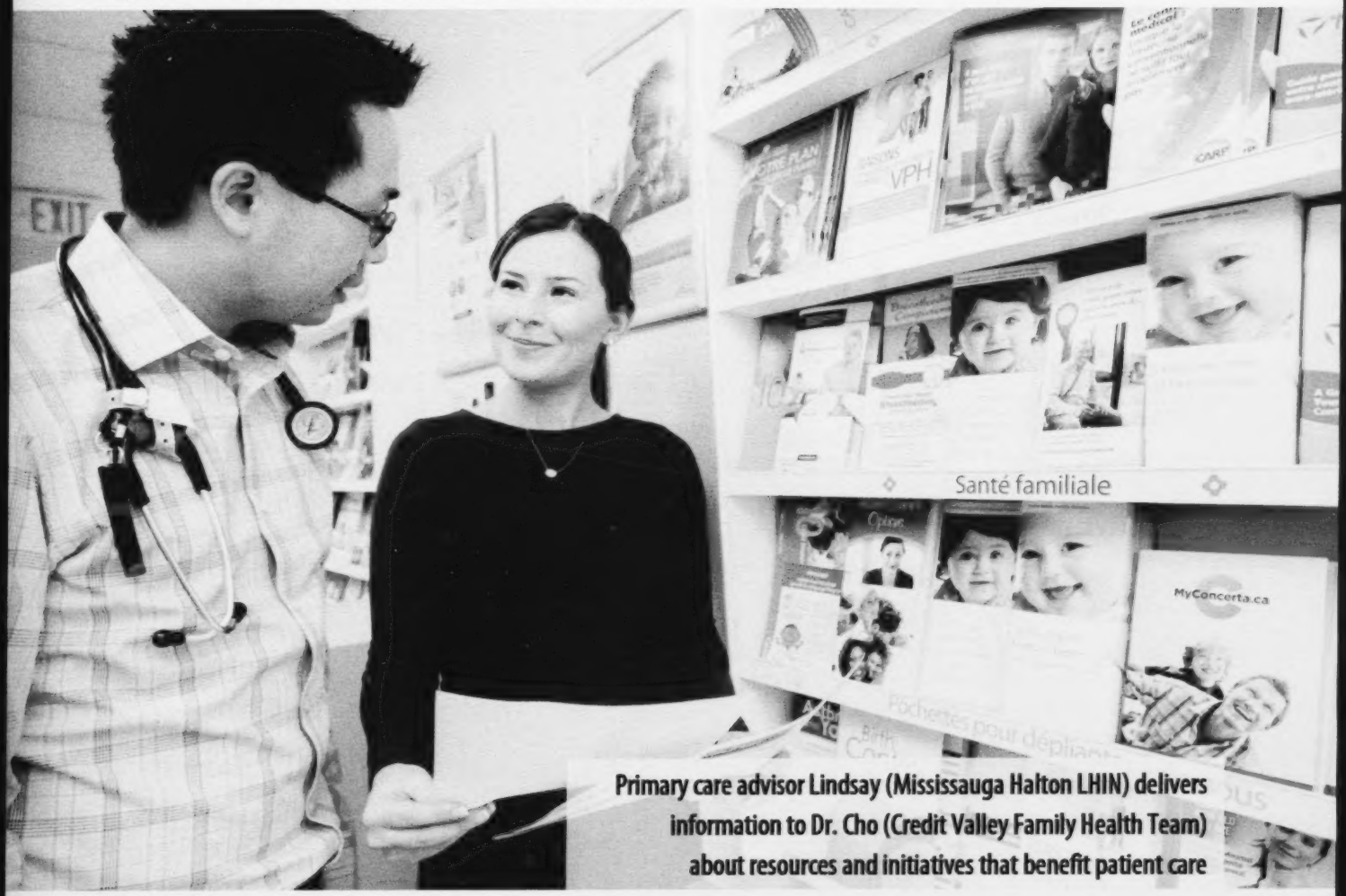
Work is progressing well on the eConnect project (Stream 1 – integrating ClinicalConnect in the south west region of Ontario and Stream 2 – integrating ConnectingOntario in the Greater Toronto Area as well as north east region of Ontario with long-term care home applications such as PointClickCare).

Within both streams, the integration enables a form of single sign-on and the passing of patient context data from PointClickCare to either ClinicalConnect or ConnectingOntario, depending on which region the long-term care home resides. Stream 1 has completed their first pilot with the Tavistock site live and accessing ClinicalConnect in the South West Ontario region. Stream 2 is anticipated to roll out to its first pilot site late in the first or second quarter of fiscal 2017-2018. To date, Stream 2 has completed integration work and testing has begun.

ConnectingOntario integration with PointClickCare will allow long-term care homes to view patient data from our two hospitals (Trillium Health Partners and Halton Healthcare) and our CCAC.

Creating an Integrated Health Care System

Integration in the Mississauga Halton LHIN is the process of effectively aligning multiple systems of independent (and interdependent) organizations to achieve improved health system access, capacity and quality.



Primary care advisor Lindsay (Mississauga Halton LHIN) delivers information to Dr. Cho (Credit Valley Family Health Team) about resources and initiatives that benefit patient care

Integrations aim to deliver any of the following system improvements:

- Remove barriers to understanding and navigating the system
- Develop and implement system-wide best practices to improve health outcomes and take advantage of local innovations
- Deliver consistent health services through standardization of practices promoting good health outcomes and eliminating duplication and inefficiencies
- Develop centres of excellence to maximize available human resource expertise and specialized equipment and facilities
- Improve access to quality care and provide better value for money
- Enable the reinvestment of savings to address priority health needs

In the past year, the Mississauga Halton LHIN has begun, continued or completed 18 integrations. Many of the integration projects continue over a number of years as a result of the complexities of change management and coordination over multiple organizations across all sectors of the care continuum.

The Patients First Act, 2016

On December 7, 2016, Ontario passed Bill 41, Patients First Act, 2016, an important step forward in the Patients First: Action Plan for Health Care, which provides patients with faster access to the right care, better home and community care, the information they need to live healthy, and a health care system that is sustainable for generations to come.

Ontario's 14 LHINs are currently responsible for planning and funding of hospitals, long-term care homes, community services and mental health and addiction services. Under the Patients First Act, 2016, the LHINs will be responsible for home care (currently the function of Ontario's 14 Community Care Access Centres) and primary care planning to ensure that patients are getting better coordinated care, and that the health system is more integrated and responsive to local needs.

With the passage of the Patients First Act, 2016 planning is underway to ensure that implementation of the Patients First Act, 2016 can proceed in a timely and seamless fashion. The foremost priority will always be to ensure that patient care is maintained without interruption.

Transition Planning

Ontario is making changes to the health care system, to increase access, reduce wait times, and improve the patient experience.

The ministry, LHINs, CCACs and health care partners worked together on capacity and readiness planning and activities to prepare for a smooth and seamless transition. A third party – Deloitte – was engaged to conduct readiness assessments at each LHIN in advance of transition and to support capacity building within the LHINs. Readiness assessments informed a staged transition to the new LHIN model planned in May/June 2017.

The Mississauga Halton LHIN and CCAC Board and staff worked together to plan for the integration of the two organizations. The Transfer Team (Patient Care) and Functional Integration Teams organized by key function to support transfer have been integral to planning. The design of the LHIN organizational structures has been standardized in key areas to strengthen consistency in system planning and service delivery across the province. The design combines the two previously separate management structures of the LHINs and CCACs to create a streamlined combined structure to support our transformational goals and improve the health care experience for Ontarians.

Preserving continuity of patient care and experience continues to be the top priority. We are making these changes carefully and in partnership with our health care partners to make sure that patients and home care clients have ongoing, smooth access to health care services.

Our LHIN will continue engaging with our partners and stakeholders to drive to transform our health care sector, and we look forward to building our continued partnership as we integrate care to put patients first.

Community Hubs

Community hubs serve as intergenerational access points for a wide range of activities, programs and services. Driven by the community and tailored to meet local needs, they integrate health services, wellness programs and social services in one location. Hubs serve as excellent opportunities to maximize access to services for individuals, while building a positive sense of community and reducing stigma. Hubs also create a context in which organizations collaborate, provide more coordinated services and can benefit from back office efficiencies.

See *Community Health Hubs* on page 33 to learn more.

Food Security

The Mississauga Halton LHIN is pursuing a new regional program, to serve individuals with high health needs and economic vulnerability. Through a centralized intake and assessment approach, the goal of this implementation is to ensure health equity and access for food services, using a standardized and transparent assessment process. While there are five formal health service providers involved in this integration, the broader success is the partnership, collaboration, and coordination of over 100 community partners in meeting the local food security needs, for all age groups.

See *Regional Meals in Home* on page 18 to learn more.

Sustaining Peer Support

This integration provides regional infrastructure across 10 different mental health and addiction service providers. Some of the expected outcomes of this integration include partnerships to ensure service quality enhancement, optimal resource use, minimizing duplication and increased coordination. Ultimately, this integration will remove barriers to understanding and navigating the system.

See *Sustaining Peer Support in the Mississauga Halton LHIN* on page 23 to learn more.

Respite Program

In 2016-2017, the expansion of caregiver respite included integration of services from the point of hospital discharge to the client's home, facilitated through the Mississauga Halton Community Care Access Centre in partnership with the LHIN's Central Registry. Through LHIN funding, Adult Day Service programs have increased the number of qualified staff to provide safer care to more complex resident populations across 11 health service providers and 19 sites.

In addition, the LHIN funded an incremental increase of 41 individual spaces on Saturdays across five sub-regions to help enable timely discharge from hospitals on Fridays and Saturdays across the LHIN.

Recognizing the human resource shortfall in the LHIN during the surge pressures experienced across the Mississauga Halton LHIN, Adult Day Service health service providers pooled their human resources for the region, and created additional capacity of 20 spaces to support decanting opportunities from the hospital.

See *Caregiver Respite Program* on page 30 to learn more.

Putting Patients at the Heart: A Seamless Journey for Cardiac Surgery, Trillium Health Partners and St. Elizabeth

This integration enabled cardiac care patients to receive post-operative care in the community, where cardiac surgeons are able to continue to provide physician oversight after their patients have been discharged from hospital and returned to the community. Since opening the program in February 2016, Trillium Health Partners has provided service to over 1,100 residents. Early results are promising, demonstrating improved patient satisfaction while reducing length of stay, reducing emergency visits and lowering readmission rates.

Primary Care Integration

Our partnerships with primary care are reducing barriers and strengthening access to care. This year, primary care advisors continued to meet regularly with primary care providers, serving as an important information link and conduit. Programs like docSEARCH and the Primary Care Database continue to spread. Primary Care Clinic Day and the Primary Care Network are growing, creating ongoing opportunities for connection and dialogue.

See *Primary Care Integration* on page 20 to learn more.

Health System Performance and Accountability

Ministry LHIN Accountability Agreement (MLAA)

The MLAA establishes a mutual understanding between the Ministry and the LHIN, and outlines respective targets focused on system performance and financial accountabilities within a pre-defined period of time. The following table outlines Mississauga Halton LHIN performance against targets for 2016–2017.

Indicators	Provincial target	Provincial				LHIN			
		2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	Most Recent Quarter	2016/17 Result (year-to-date)	2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	Most Recent Quarter	2016/17 Result (year-to-date)
Performance Indicators									
Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services*	95.00%	85.39%	85.36%	82.10%	85.58%	92.07%	91.48%	87.20%	89.49%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services*	95.00%	93.71%	94.00%	93.83%	94.53%	95.22%	95.58%	94.99%	95.78%
90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)*	21 days	29.00	29.00	29.00	31.00	27.00	28.00	37.00	35.00
90th percentile emergency department (ED) length of stay for complex patients	8 hours	10.13	9.97	11.03	10.38	9.15	9.62	11.75	10.47
90th percentile emergency department (ED) length of stay for minor/uncomplicated patients	4 hours	4.03	4.07	4.23	4.15	3.58	3.70	3.75	3.72
Percent of priority 2, 3 and 4 cases completed within access target for MRI scans	90.00%	41.75%	38.43%	40.76%	40.17%	28.48%	23.57%	26.02%	24.16%
Percent of priority 2, 3 and 4 cases completed within access target for CT scans	90.00%	77.77%	74.66%	78.31%	75.89%	64.31%	62.03%	61.74%	62.44%
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	90.00%	81.51%	79.97%	77.89%	78.47%	89.36%	69.10%	62.61%	57.02%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	90.00%	79.76%	79.14%	74.50%	75.02%	76.51%	53.48%	45.77%	46.16%
Percentage of Alternate Level of Care (ALC) Days*	9.46%	14.35%	14.50%	15.85%	15.16%	12.62%	14.05%	17.62%	14.99%
ALC rate	12.70%	13.70%	13.98%	15.27%	15.19%	9.60%	11.35%	14.29%	14.05%
Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	16.30%	19.62%	20.19%	20.39%	19.81%	17.23%	17.30%	15.42%	16.09%
Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	22.40%	31.34%	33.01%	31.15%	31.40%	25.50%	25.48%	25.57%	26.43%
Readmission within 30 days for selected HIG conditions**	15.50%	16.60%	16.65%	16.66%	16.51%	16.09%	15.52%	15.48%	15.07%

Indicators	Provincial target	Provincial				LHIN			
		2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	Most Recent Quarter	2016/17 Result (year-to-date)	2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	Most Recent Quarter	2016/17 Result (year-to-date)
Monitoring Indicators									
Percent of priority 2, 3 and 4 cases completed within access target for cancer surgery	90.00%	87.02%	88.03%	86.82%	87.23%	89.90%	86.50%	82.72%	84.48%
Percent of priority 2, 3 and 4 cases completed within access target for cardiac by-pass surgery	90.00%	96.01%	95.00%	93.00%	93.00%	96.16%	97.00%	91.00%	94.00%
Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery	90.00%	91.93%	88.09%	85.32%	85.01%	95.74%	77.31%	73.26%	73.06%
CCAC wait times from application to eligibility determination for long-term care home placements: from community setting**	NA	14.00	14.00	14.00	14.00	20.00	15.00	17.00	15.00
CCAC wait times from application to eligibility determination for long-term care home placements: from acute-care setting**	NA	8.00	7.00	8.00	8.00	17.00	11.00	10.00	10.50
Rate of emergency visits for conditions best managed elsewhere per 1,000 population*	NA	19.56	18.47	4.58	12.28	6.36	6.00	1.40	3.75
Hospitalization rate for ambulatory care sensitive conditions per 100,000 population*	NA	320.78	320.13	81.88	241.40	205.67	192.44	51.84	149.36
Percentage of acute care patients who had a follow-up with a physician within 7 days of discharge**	NA	46.09%	46.61%	47.46%	47.81%	52.99%	53.46%	53.83%	54.16%

*FY 2016/17 is based on the available data from the fiscal year (Q1-Q3, 2016/17) **FY 2016/17 is based on the available data from the fiscal year (Q1-Q2, 2016/17)

Red/Green: 2016/17 provincial year-to date results compared with 2016/17 LHIN year-to date results – target met within performance corridor of +/- 10%

Performance Indicators

Home and Community Care Indicators

Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services

Patient choice continues to factor into the metric through associated wait time for personal support services in cases where a person has other resources available to them and they choose to delay the start of contracted personal support service. This data element – patient choice to delay care – is being developed for inclusion in the 2017-2018 reporting cycle to ensure that the metric is representative of patient choice.

Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services

The LHIN continues to perform better than the target – including 90th percentile days waiting at 3 days, compared with the 5 day target. The focus remains on flow from hospital to home to ensure that nursing services are not the barrier to discharge from hospital. Nursing comprises about 40 per cent of "first service" care in the community sector.

90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)

Complex patients require more system level planning. Although home care service delivery has been engaged in a timelier manner as a success of system level coordination, this lead time is included in this metric, artificially increasing the perceived wait time for first service. The time to first service from point of authorization for over 80 per cent of home care services is in fact 14 days or less.

Acute care - Access

90th percentile emergency department (ED) length of stay for complex patients

The LHIN continues to experience higher than normal alternate level of care, where the appropriate post-acute care location is not immediately available

to the patient. This situation creates a challenge for the ED to transfer patients to inpatient units. While the overall number of admissions, as a proportion of total ED volume has remained relatively stable at 10 per cent, the LHIN has experienced an overall increase in emergency department visits of 3 per cent. In turn, an additional 1,267 residents were admitted to LHIN area hospitals.

90th percentile emergency department (ED) length of stay for minor/uncomplicated patients
This metric has remained relatively stable year over year, a remarkable outcome considering the LHIN has one of the busiest EDs in Canada, and is home to Milton, one of Canada's fastest-growing communities.

Percent of priority 2, 3 and 4 cases completed within access target for MRI & CT scans
The LHIN continues to prioritize the most urgent cases first, resulting in priority 1 and 2 cases achieving the target nearly 100 per cent of the time. Less urgent cases, priority 3 and 4, are served in priority order from receipt of referral.

Percent of priority 2, 3 and 4 cases completed within access target for hip & knee replacement
The LHIN continues to prioritize the most urgent cases first. Improvement work has focused on improved understanding of provincial definitions associated with prioritizing elective, surgical cases. 100 per cent of priority 4 cases were achieved within the prescribed 182 day target.

System-Level Access

Percentage of Alternate Level of Care (ALC) Days and ALC Rate
While the LHIN performed slightly better than the overall provincial performance, ALC challenges persisted in 2016-2017 with limited community capacity available for patients to transition to, from the hospital. To increase community capacity, Mississauga Halton LHIN invested in regional programs, such as Supports for Daily Living and Adult Day Programs, to support aging in place at home. Resources were expanded to help address and support transitions where responsive behavior is a barrier. Further, through opportunities with retirement homes, alternate solutions to infrastructure challenges were created through projects like Bridges to Care.

Readmission within 30 days for selected HIG conditions
The LHIN continues to outperform other regions for this particular metric. Some newer initiatives credited to this sustained performance include navigation roles for specific conditions and Trillium Health Partners' integrated funding model for cardiac surgery patients.

Addiction and Mental Health

Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions and Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions
Mississauga Halton LHIN performed better in both indicators compared to provincial performance, as local solutions have focused on improving access to the right service at the right time, and increasing capacity in priority services as determined by data from the LHIN's centralized intake system, one-Link. Other quality improvement work has focused on improving transitions from the ED to community services to reduce repeat visits, and data, to understand the needs of these complex populations.

Monitoring Indicators

Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery
The LHIN continues to work within existing funding models associated with cataract surgery. Some innovative research is unfolding at the Institute for Better Health, including ascertaining the appropriateness of referrals for cataract surgery.

CCAC wait times from application to eligibility determination for long-term care home placements: from acute-care setting
As the region with the lowest bedded number of long-term care home beds, this metric is challenging to meet and is further exacerbated by the redevelopment required for 30 per cent of the long-term care homes. Patients have limited choices when it comes to selecting a home with a reasonable wait time, and one that is acceptable to their wishes. The 90th percentile wait time for a long-term care home bed is over 500 days. The LHIN continues to explore other opportunities such as using retirement homes for bridging care between the hospital and home.

Mississauga Halton LHIN Health Service Providers

Health service providers play an integral role in ensuring seamless, timely and effective service provision in a manner that is consistent with Mississauga Halton LHIN goals. The Mississauga Halton LHIN plans, coordinates, integrates, funds and monitors local health service providers, including hospitals, community support services, long-term care homes, mental health and addiction services, a community health centre and community care access centre.

Community Care Access Centre

- Mississauga Halton Community Care Access Centre

Community Health Centres

- Lakeshore Area Multi-Services Project Inc. (LAMP)

Community Support Services

- Acclaim Health and Community Care Services
- Alzheimer Society of Peel
- The Arthritis Society
- The Canadian Hearing Society
- Canadian National Institute for the Blind - CNIB - Ontario Division (Halton/Peel)
- Canadian Red Cross - Peel Branch
- City of Mississauga - Next Step to Active Living Program
- The Corporation of the Town of Halton Hills
- Dixie Bloor Neighbourhood Drop-In Centre
- Dorothy Ley Hospice Inc.
- Forum Italia Community Services - MICBA
- Halton Healthcare - Supportive Housing
- Heart House Hospice Inc.
- Indus Community Services
- Ivan Franko Home
- Joyce Scott Non-Profit Homes Inc.
- Links2Care
- Milton Meals on Wheels
- Nucleus Independent Living
- Oakville Kiwanis Meals on Wheels
- Oakville Senior Citizens Residence
- March of Dimes Canada - Peel
- Peel Cheshire Homes Inc.
- Peel Halton Dufferin Acquired Brain Injury Services (PHD ABIS)
- Peel Senior Link
- Regional Municipality of Halton - Supportive Housing
- S.E.N.A.C.A. Seniors Day Program
- Seniors Life Enhancement Centres
- Trillium Health Partners - CSS
- Victorian Order of Nurses for Canada - Ontario Branch - Peel Site
- Wawel Villa Incorporated
- Yee Hong Centre for Geriatric Care
- Wesburn - City of Toronto

Hospitals

- Trillium Health Partners
- Halton Healthcare

Long-Term Care Homes

- Allendale Village - The Regional Municipality of Halton
- Bennett Health Care Centre
- Cawthra Gardens Long Term Care Community
- Chartwell Waterford Long Term Care Residence
- Chartwell Wenleigh Long Term Care Residence
- Chartwell Westbury Long Term Care Residence
- Cooksville Care Centre
- Dom Lipa Nursing Home (Slovenian Linden Foundation)
- Eatonville Care Centre
- Erin Mills Lodge Nursing Home
- Extendicare - Halton Hills
- Extendicare - Mississauga
- Labdara Lithuanian Nursing Home
- McCall Centre Long Term Care - Trillium Health Partners
- Mississauga Long Term Care Facility
- Northridge Long Term Care Facility
- Post Inn Village - The Regional Municipality of Halton
- Sheridan Villa - Regional Municipality of Peel
- Sienna Senior Living - Camilla Care Community
- Sienna Senior Living - Streetsville Care Community
- Sienna Senior Living - Silverthorn Care Community
- Tyndall Seniors Village
- Villa Forum Long Term Care Residence
- Village of Erin Meadows
- Wesburn Manor - City of Toronto
- West Oak Village
- Wyndham Manor - Halton Healthcare
- Yee Hong Centre for Geriatric Care

Mental Health & Addiction

- Canadian Mental Health Association - Halton Branch
- Halton Alcohol, Drug & Gambling Assessment Prevention and Treatment (ADAPT)
- Halton Healthcare - Community Mental Health
- Hope Place Centres
- North Halton Mental Health Clinic - The Regional Municipality of Halton
- Supported Training and Rehabilitation in Diverse Environments (STRIDE)
- Summit Housing & Outreach Programs
- Support & Housing – Halton
- The Peel Addiction Assessment and Referral Centre (PAARC)
- Trillium Health Partners - Community Mental Health

Financial Statements of the

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

March 31, 2017

Mississauga Halton Local Health Integration Network

March 31, 2017

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Independent Auditor's Report

To the Members of the Board of Directors of the
Mississauga Halton Local Health Integration Network

We have audited the accompanying financial statements of Mississauga Halton Local Health Integration Network, which comprise the statement of financial position as at March 31, 2017, and the statements of operations, change in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Mississauga Halton Local Health Integration Network as at March 31, 2017 and the results of its operations, change in its net debt, and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants
Licensed Public Accountants
June 1, 2017

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Statement of financial position
as at March 31, 2017

	2017	2016
	$	$
Financial assets		
Cash	**605,714**	637,682
Accounts receivable		
Ministry of Health and Long-Term Care ("MOHLTC") transfer payments to Health Service Providers ("HSPs") (Note 3)	**534,600**	6,866,104
Due from other LHINs	**124,948**	10,448
Other	**49,536**	30,575
	1,314,798	7,544,809
Liabilities		
Accounts payable and accrued liabilities	**740,719**	525,540
Accounts payable HSPs transfer payments (Note 3)	**534,600**	6,866,104
Due to MOHLTC (Note 4b)	**121,430**	181,681
Due to the LHIN Shared Services Office (Note 5)	**-**	5,168
Deferred capital contributions (Notes 6)	**26,190**	57,465
	1,422,939	7,635,958
Net debt	**(108,141)**	(91,149)
Commitments (Note 7)		
Non-financial assets		
Prepaid expenses	**81,951**	33,684
Tangible capital assets (Note 8)	**26,190**	57,465
	108,141	91,149
Accumulated surplus	**-**	-

Approved by the Board

Neil Skelding
Chair

Patrick Hop Hing, CPA, CA
Audit and Finance Committee Chair

The accompanying notes to the financial statements are an integral part of this financial statement.

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Statement of operations

year ended March 31, 2017

	Budget (Note 9)	2017 Actual	2016 Actual
	$	$	$
Revenue			
MOHLTC Funding			
HSP transfer payments (Note 3)	1,446,532,825	1,530,939,575	1,458,106,534
LHIN Operation	4,115,693	4,076,904	4,115,693
Project Initiatives			
Regional Coordination Diabetes Service (RCDS)	1,262,853	1,262,853	1,262,853
French Language Health Services	106,000	106,000	106,000
Aboriginal Engagement	5,000	5,000	5,000
ER/ALC Performance Lead	100,000	100,000	100,000
Critical Care Lead	-	75,000	75,000
Emergency Department (ED) Lead	-	75,000	75,000
Primary Care Lead	-	75,000	75,000
LHIN Enabling Technologies for Integration Project Management Office (ETI PMO)	-	327,277	239,935
Patients First Transition Planning and Implementation	-	180,000	-
Patients First Pan-LHIN Support for Planning and Implementation	-	105,471	-
Amortization of deferred capital contributions (Note 6)	-	38,258	38,531
	1,452,122,371	1,537,366,338	1,464,199,546
Funding repayable to the MOHLTC (Note 4a)	-	(106,574)	(14,856)
	1,452,122,371	1,537,259,764	1,464,184,690
Expenses			
Transfer payments to HSPs (Note 3)	1,446,532,825	1,530,939,575	1,458,106,534
General and administrative expense LHIN operation (Note 10)	4,115,693	4,106,385	4,153,911
Project Initiatives (Note 11)			
Regional Coordination Diabetes Service (RCDS)	1,262,853	1,195,763	1,262,853
French Language Health Services	106,000	92,335	100,651
Aboriginal Engagement	5,000	4,037	4,375
ER/ALC Performance Lead	100,000	99,966	99,701
Critical Care Lead	-	72,000	72,000
Emergency Department (ED) Lead	-	72,064	72,083
Primary Care Lead	-	66,923	72,647
ETI PMO	-	327,277	239,935
Patients First Transition Planning and Implementation	-	177,968	-
Patients First Pan-LHIN Support for Planning and Implementation	-	105,471	-
	1,452,122,371	1,537,259,764	1,464,184,690
Annual surplus and accumulated surplus, end of year	-	-	-

The accompanying notes to the financial statements are an integral part of this financial statement.

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Statement of change in net debt

year ended March 31, 2017

	Budget (Note 9)	2017 Actual	2016 Actual
	$	$	$
Annual surplus	-	-	-
Change in prepaid expenses	-	**(48,267)**	19,771
Acquisition of tangible capital assets	-	**(6,983)**	-
Amortization of tangible capital assets	-	**38,258**	38,531
Increase in net debt	-	**(16,992)**	58,302
Net debt, beginning of year	-	**(91,149)**	(149,451)
Net debt, end of year	-	**(108,141)**	(91,149)

The accompanying notes to the financial statements are an integral part of this financial statement.

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Statement of cash flows

year ended March 31, 2017

	2017	2016
	$	$
Operating transactions		
Annual surplus	-	-
Add item not affecting cash		
Amortization of tangible capital assets	**38,258**	38,531
Less item not affecting cash		
Amortization of deferred capital contributions	**(38,258)**	(38,531)
Changes in non-cash operating items		
Accounts receivable -Other	**(18,961)**	34,415
Due from other LHINs	**(114,500)**	(10,448)
Accounts receivable MOHLTC transfer payments to HSPs	**6,331,504**	(574,204)
Accounts payable and accrued liabilities	**215,179**	103,123
Accounts payable HSPs transfer payments	**(6,331,504)**	574,204
Due to MOHLTC	**(60,251)**	14,856
Due to LHIN Shared Services Office	**(5,168)**	(958)
Due to other LHIN	-	(47,635)
Prepaid expenses	**(48,267)**	19,771
	(31,968)	113,124
Capital transaction		
Acquisition of tangible capital assets	**(6,983)**	-
Financing transaction		
Capital contributions received (Note 6)	**6,983**	-
Net increase (decrease) in cash	**(31,968)**	113,124
Cash, beginning of year	**637,682**	524,558
Cash, end of year	**605,714**	637,682

The accompanying notes to the financial statements are an integral part of this financial statement.

1. Description of business

The Mississauga Halton Local Health Integration Network was incorporated by Letters Patent on June 9, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the *Local Health System Integration Act*, 2006 (the "Act") as the Mississauga Halton Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers a south-west portion of the City of Toronto, the south part of Peel Region and all of Halton Region except for Burlington. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with the Ministry - LHIN Accountability Agreement ("MLAA"), which describes budget arrangements established by the Ministry of Health and Long-Term Care ("MOHLTC") and provides the framework for the LHIN accountabilities and activities. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to Health Service Providers ("HSPs"), effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSPs. The cash associated with the transfer payment does not flow through the LHIN bank account. Commencing April 1, 2007, all funding payments to LHIN managed HSPs in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2017.

The LHIN has also entered into an Accountability Agreement with the MOHLTC, which provides the framework for LHIN accountabilities and activities.

The LHIN statements do not include any MOHLTC managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable.

Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of tangible capital assets.

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and the reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. As directed by the ministry, there are circumstances when funding received by the HSP is used to pay expenses for which the related services have not yet been performed. These amounts are recorded by the HSP as payable to the MOHLTC/LHIN at period end.

Deferred capital contributions

Any amounts received that are used to fund expenditures that are recorded as tangible capital assets in the operation of the LHIN, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under revenue in the statement of operations, is in accordance with the amortization policy applied to the related tangible capital asset recorded.

Tangible capital assets

Tangible capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of tangible capital assets. The cost of tangible capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed tangible capital assets is estimated using the cost of the asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the tangible capital asset would be recognized at its nominal value.

Maintenance and repair costs are recognized as expenses when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a tangible capital asset are capitalized. Computer software is recognized as an expense when incurred.

Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized over their estimated useful lives as follows:

Computer equipment	3 years straight-line method
Web development	3 years straight-line method
Leasehold improvements	Life of lease straight-line method
Office equipment, furniture and fixtures	5 years straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant items subject to such estimates and assumptions include valuation of accrued liabilities and useful lives of the tangible capital assets. Actual results could differ from those estimates.

3. Transfer payments to HSPs

In fiscal 2017, the LHIN had authorization to allocate funding of $1,530,939,575 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in fiscal 2017 as follows:

	2017	2016
	$	$
Operation of hospitals	**1,013,175,181**	958,676,890
Long term care homes	**202,724,637**	199,446,779
Community care access centres	**176,279,459**	165,232,001
Community support services	**47,743,303**	47,045,682
Assisted living services in supportive housing	**39,962,439**	38,647,831
Community mental health	**34,777,191**	33,375,109
Addictions program	**7,735,785**	7,242,873
Acquired brain injury	**6,102,724**	5,988,872
Community health centres	**2,438,856**	2,450,497
	1,530,939,575	1,458,106,534

The LHIN receives money from the MOHLTC which it in turn allocates to the HSPs. As at March 31, 2017, an amount of $534,600 (2016 - $6,866,104) was receivable from the MOHLTC and $534,600 (2016 - $6,866,104) was payable to the HSPs. These amounts have been reflected as revenue and expenses with the LHIN's operations and are included above.

4. Funding repayable to the MOHLTC

In accordance with the MLAA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

a) The amount repayable to the MOHLTC related to current year activities is made up of the following components:

	Funding received	Eligible expenses	2017 Excess funding	2016 Excess funding
	$	$	$	$
Transfer payments to HSPs	1,530,939,575	1,530,939,575	-	-
LHIN operations	4,115,162	4,106,385	8,777	313
LHIN special funded initiatives				
Regional Coordination Diabetes Services (RCDS)	1,262,853	1,195,763	67,090	-
French Language Health Services	106,000	92,335	13,665	5,349
Aboriginal Engagement	5,000	4,037	963	625
ER/ALC Performance Lead	100,000	99,966	34	299
Critical Care Lead	75,000	72,000	3,000	3,000
ED Lead	75,000	72,064	2,936	2,917
Primary Care Lead	75,000	66,923	8,077	2,353
ETI PMO	327,277	327,277	-	-
Patients First Transition Planning and Implementation	180,000	177,968	2,032	-
Patients First Pan-LHIN Support for Planning and Implementation	105,471	105,471	-	-
	2,311,601	2,213,804	97,797	14,543
	1,537,366,338	1,537,259,764	106,574	14,856

b) The amount due to the MOHLTC at March 31 is made up as follows:

	2017	2016
	$	$
Due to MOHLTC, beginning of year	181,681	166,825
Amount recovered by the MOHLTC during the year	(166,825)	-
Funding repayable to the MOHLTC related to current year activities (Note 4a)	106,574	14,856
Due to MOHLTC, end of year	121,430	181,681

5. Related Party Transactions

LHIN Shared Service Office, LHINC Collaborative and Health Shared Services Ontario

The LHIN Shared Services Office (the "LSSO") was a division of the Toronto Central LHIN and was subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs was responsible for providing services to all LHINs. The full costs of providing these services was billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN as at February 28, 2017 were recorded as a receivable (payable) from (to) the LSSO. This was done pursuant to the shared service agreement the LSSO has with all the LHINs.

The LHIN Collaborative (the "LHINC") was formed in fiscal 2010 to strengthen relationships between and among health service providers, associations and the LHINs, and to support system alignment. The purpose of LHINC was to support the LHINs in fostering engagement of the health service provider community in support of collaborative and successful integration of the health care system; their role as system manager; where appropriate, the consistent implementation of provincial strategy and initiatives; and the identification and dissemination of best practices. LHINC was a LHIN-led organization and accountable to the LHINs. LHINC was funded by the LHINs with support from the MOHLTC.

Effective February 28, 2017 pursuant to a transfer agreement between Toronto Central LHIN and Health Shared Services Ontario (HSSO) responsibility for the shared services previously provided by the LSSO and the LHINC was transferred to HSSO. HSSO is a provincial agency established January 1, 2017 by O. Reg. 456/16 made under LHSIA with objects to provide shared services to LHINs in areas that include human resources management, logistics, finance and administration and procurement. HSSO as a provincial agency is subject to legislation, policies and directives of the Government of Ontario and the Memorandum of Understanding between HSSO and the Minister of Health and Long Term Care.

Enabling Technologies for Integration Project Management Office

Effective February 1, 2012, the Central, Central West, Central East, Toronto Central, Mississauga Halton and North Simcoe Muskoka (the "Cluster") LHINS entered into an agreement in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographical area of the Cluster. Under this agreement, decisions related to the financial and operating activities of the Enabling Technologies for Integration Project Management Office are shared. No LHIN is in a position to exercise unilateral control.

The LHIN's financial statement reflects its share of the MOHLTC funding for Enabling Technologies for Integration Project Offices for its Cluster and related expenses. During the year, the LHIN received one-time funding from Central West LHIN of $327,277 (2016 - $239,935).

Patients First Pan-LHIN Support for Planning and Implementation

On June 13, 2016 an amendment to the Ministry-LHIN Accountability Agreement between Toronto Central LHIN and the Ministry resulted in an allocation of $1,080,000 of additional funding to be distributed by the Toronto Central LHIN to various LHINs to be applied to salary and benefit costs related to the support of transition and implementation of the expanded LHIN mandate. Mississauga Halton LHIN received $105,471 of this funding which was spent on eligible expenses in the year.

6. Deferred capital contributions

	2017	2016
	$	$
Balance, beginning of year	57,465	95,996
Capital contributions received during the year	6,983	-
Amortization for the year	(38,258)	(38,531)
Balance, end of year	26,190	57,465

7. Commitments

The LHIN has commitments under various operating leases related to building and equipment. The LHIN's existing building lease was renegotiated and extended to December 31, 2020. Minimum lease payments due in each of the next four years are as follows:

	$
2018	341,969
2019	334,937
2020	331,198
2021	247,823
	1,255,927

The LHIN also has funding commitments to all HSPs associated with accountability agreements which allocate planning targets for future fiscal years. The actual amounts which will ultimately be paid are contingent upon actual LHIN funding received from the MOHLTC.

8. Tangible capital assets

	Cost	Accumulated amortization	2017 Net book value	2016 Net book value
	$	$	$	$
Office equipment, furniture and fixtures	331,642	306,888	24,754	54,593
Leasehold improvements	887,344	885,908	1,436	2,872
Computer equipment	41,683	41,683	-	-
	1,260,669	1,234,479	26,190	57,465

9. Budget figures

Health Service Providers

The initial funding budget figures reported in the statement of operations reflect the opening base as at April 1, 2016. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year.

The final HSP funding budget of $1,530,939,575 as at March 31, 2017 is made up of the following:

	$
Initial HSP funding budget as at April 1, 2016	1,446,532,825
Adjustments due to announcements made during the year	84,406,750
Final HSP funding budget	1,530,939,575

9. **Budget figures (continued)**

LHIN operations

The final operating budget from MOHLTC of $6,395,488 as at March 31, 2017 is made up of the following:

	$
Initial budget as at April 1, 2016	
LHIN Operation	4,115,693
RCDS	1,262,853
French Language Services	106,000
Aboriginal Engagement	5,000
ER/ALC Performance Lead	100,000
Additional funding received during the year for:	
Critical Care Lead	75,000
ED Lead	75,000
Primary Care Lead	75,000
ETI PMO	327,277
Patients First Transition Planning and Implementation	180,000
Patients First Pan-LHIN Support for Planning and Implementation	105,471
Reduction to Health Shared Services Office (HSSO)	(31,806)
Final budget	6,395,488

10. General and administration expenses

The statement of operations presents the expenses by function. The following classifies general and administrative expenses by object:

	2017	2016
	$	$
Salaries and benefits	**3,046,948**	3,023,776
Shared services	**320,685**	372,259
LHIN Collaborative	**47,500**	47,500
Staff travel	**28,404**	21,429
Communication	**35,146**	33,384
Accommodation	**161,616**	223,024
Advertising	**1,900**	5,792
Professional fees and medical professional services	**30,128**	16,800
Consulting fees	**8,764**	41,822
Equipment rentals	**12,068**	10,547
Insurance	**7,900**	7,900
Other meeting expenses	**31,584**	24,816
Board Chair's per diem expenses	**38,850**	49,875
Other Board members' per diem expenses	**72,800**	57,175
Other governance costs and travel	**24,570**	23,989
Printing and translation	**44,806**	35,528
Staff development	**8,776**	18,983
IT equipment	**61,492**	51,458
Office supplies and purchased equipment	**67,127**	28,694
Amortization	**38,258**	38,531
Other services	**17,063**	20,629
	4,106,385	4,153,911

11. Project Initiatives

The LHIN received funds for various project initiatives listed in the statement of operations. The following classifies LHIN project initiatives, by object:

	2017	2016
	$	$
Salaries and benefits	1,615,892	1,393,419
Shared services	14,888	9,405
Staff travel	3,744	3,512
Communication	1,675	1,250
Accommodation	66,374	73,797
Advertising	2,146	-
Professional fees/Medical Professional Services	348,569	380,969
Consulting fees	13,274	-
Equipment rentals	267	1,602
Printing and translation	14,185	15,964
Other meeting expenses	7,058	4,407
Staff development	-	4,096
IT equipment	119,513	33,627
Office supplies and purchased equipment	6,017	1,951
Other services	202	246
	2,213,804	1,924,245

Diabetes strategy operational expenses included in the above project initiatives are as follows:

	Actual 2017	Actual 2016
	$	$
Salaries and benefits	996,877	1,038,814
Others	198,886	224,039
	1,195,763	1,262,853

12. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 37 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2017 was $376,251 (2016 - $380,196) for current service costs and is included as an expense in the statement of operations. The last actuarial valuation was completed for the plan as at December 31, 2016. At that time, the plan was fully funded.

13. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the *Local Health System Integration Act*, 2006 and in accordance with s. 28 of the *Financial Administration Act*.

14. Subsequent event

On April 3, 2017 the Minister of Health and Long-Term Care made an order under the provisions of the Local Health System Integration Act, 2006, as amended by the Patients First Act, 2016 to require the transfer of all assets, liabilities, rights and obligations of the Mississauga Halton Community Care Access Centre the (CCAC), to the LHIN, including the transfer of all employess of the CCAC.

Effective May 31, 2017 the LHIN assumed the responsibility to provide health and related social services and supplies and equipment for the care of persons in home, community and other settings and to provide goods and services to assist caregivers in the provision of care for such persons, to manage the placement of persons into long-term care homes, supportive housing programs, chronic care and rehabilitation beds in hospitals, and other programs and places where community services are provided under the Home Care and Community Services Act, 1994 and to provide information to the public about, and make referrals to, health and social services.

The actual financial impact of the transition is not currently known, however it is expected that assets assumed will equal liabilities assumed. Additionally there are no significant commitments being assumed as a result of the transition.

Mississauga Halton **LHIN**

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